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UNIVERSITY OF ALBERTA

CARING FOR OTHER PEOPLE'S CHILDREN

by

MALCOLM VICTOR READ

A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of DOCTOR OF PHILOSOPHY

DEPARTMENT OF ELEMENTARY EDUCATION

Edmonton, Alberta

SPRING, 1995

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ABSTRACT

Young children spend extended periods of time in the care of adults other than their parents. Debate over the past thirty years has focussed on questions of whether such care is good for children and on definitions of standards to which such care should adhere. This study inquires into the experience of those employed to care for other people's children. The exploration delves into the experiences of providing such care as it is lived and recounted by child caregivers in various situations -- at home, in child care centres and in the home of the child.

The theoretical, philosophical orientations that guided this study and that led to the use of particular methodologies, were qualitative in design and conducted from a contructivist stance. Writing was influenced by traditions in hermeneutic phenomenology, with its intent to edify personal insight and thus to further one's understanding and thoughtfulness. The main sources of data emanated from stories that I experienced with the four storytellers. They were four women engaged in caring for other people's children as paid work. Many questions arose from these stories and the study focussed on those that pointed to the experiences as lived by the four participants.

What is it like for the one-caring to provide care for someone else's child? What is it like for the child being cared-for? How does the one-caring experience lived time, lived space, relationship with others and self while enacting her care for children? What do the caregiver's stories reveal to us

about the experience of caring so that we may better understand and work toward improved practice?

The main chapters, following those that set the context and methodology for the study, were built on four existential themes. Chapters four through eight describe and give accounts of the caregivers' experiences as they may be interpreted through the themes of lived-time, lived-space, understanding of self, and relationship with others. Chapter nine is included as a reminder that caregivers do not live in the world of caregiving alone. While it is difficult to gain an understanding of the experience of the child being cared-for by another adult this chapter attempts to put forward possible experiences that may occur. Finally chapter ten puts forward suggestions or considerations for further thought and action that may be suggested from the stories of the four caregivers.

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Chapter 1

INTRODUCTION

My interest in further understanding the lived experiences of people caring for other people's children and which led to the following research study developed from years of dialogue between myself as an instructor with a child caregiver preparation program and persons from various related fields, researchers, other teachers, student caregivers and practicing caregivers. From such dialogue I found an increasing unease in my perceptions of child care and its evolution. This unease focussed in two areas both related to the development of theory and practice in child care.

Involvement in a review of a child care preparation curriculum brought some focus to my questions. The review was intiated because it was considered, by students, graduates and staff, to have failed to reflect the knowledge and skills needed by caregivers. The criticism appeared sound. The curriculum content was created at a time when graduates sought employment as teacher assistants with Early Childhood Services (Kindergarten) and with elementary school programs. It reflected school curricula, with courses including such titles as Math and Science, Music and Drama, Language Arts, and Art. In the following consideration of what new curriculum content could replace these and that would be more relevant to the preparation of students, most of whom would be working with very young children in child care situations, discussion centred on topics and courses from education or the behavioral and social sciences. The tendency to regard child care as an applied science or behavioral science led to attempts to copy their

theories and to make the practice of child care fit them. This bias came from the backgrounds of the instructional staff who were making the decisions, most of whom were graduates of education or of social and behavioural science programs. It quickly became apparent that practicing caregivers needed to be fully involved in the review. Once involved, caregiver responses questioned both the existing curriculum and many of the instructors' suggestions for new content. They countered by suggesting topics such as, how to take care of yourself, lifting and carrying children, how you decide what to tell parents; and questions, such as, how do caregivers know about the ethical/moral dimensions of child care? How do they work toward change if they find themselves working within a poor environment? What do caregivers need to know about the community, other child/family related agencies, in order to work effectively with children and families? Needless to say, every effort was made to better understand and incorporate the ideas of caregivers.

Reflecting on this experience, and questioning the value and effectiveness of child care preparation, led me to conclude that the applied science or borrowed theories approach may involve an implicit degeneration of child care practice. These two approaches suggest that to be worthy of inclusion at a post-secondary institution, child care must copy education or the behavioural or social science. When theories are taken from other disciplines and applied to practice, they tend to be divorced from actual practice. Not developing from actual practice such theories tend to multiply so that everyone has his or her own theory. When these theories are applied to child care practice, child care loses its sense of integrity and unity and all practice is rationalized. This is not to say that child care has to choose between applied science and education or the maintenance of traditional practice as determined

by others. It is possible both to recognize that recent changes in child care practice require changes in preparation programs at the same time valuing traditional approaches. It also does not mean that theories from education or the social sciences cannot contribute to the practice of child care. Both may be incorporated into child care practice. Child care requires specific theory and research to articulate and improve practice, and such theory and research should begin with, and continually come back to, child care practice itself.

A second area of focus was concerned with notions of the power, or powerlessness, of caregivers. This came from several experiences involving both students in training and practicing caregivers. Students enter the training program with little knowledge of the professional contexts of child care. Few have memories of being cared for as children by non-family adults, and few have visited or worked in day care centres. Most talk of their affinity for and previous success with children, such as younger siblings or children they cared for informally. Students bring a largely untested practical knowledge of children and their care based primarily on their experience as children. Their careers, as students and caregivers, often appear to deny their personal, practical knowledge. Instead, in their preparation programs they are inunated with policies, rules, regulations and theories prescribing how they are to care for children.

It is a field full of expert advice, often given by people divorced from the context of child care. Voices of caregivers, talking about caregiving, are rarely heard. Research reports observe children in care, describe the education qualifications, outline demographic characteristics of caregivers, provide statistical correlations between the environment and indices of child

development, and attempt to map out under what conditions child care may be described as good quality. My search of the literature and my attendance at various regional, national and international seminars and conferences over fifteen years led me to believe that practicing caregivers are often shut out of such debate and that while researchers continue to talk to researchers about their work, caregivers continue to practice, often in isolation.

The study evolved from my growing awareness that there was a need to more fully involve caregivers in discussions about child care practice and theory. It seemed to me that those who had access to publishers had responsibility and opportunity to work collaboratively with practitioners in making sure that their perceptions and experiences were shared, and that theory used to guide child care practice had it's roots firmly in child care practice.

Chapter 2

REVIEW

This chapter begins with a review of literature on child care research, particularly as it pertains to child caregivers and their work environments. It continues to look at literature related to notions of life story and autobiography and concludes with a consideration of literature on caring.

Child Care

In the past two decades mothers of young children have entered the paid work force in North America in unprecedented numbers. Today, sixty percent of mothers with children under six years of age are employed outside the home, and studies indicate that this trend will continue into the next century (Lero, Pence, Shields, Brockman & Goelman, 1991). In Alberta, a survey of families conducted in 1988 reported that seventy-five percent (182,000) of children under six years of age were involved in at least one non-parental child care arrangement. While not all of these arrangements involved payment, more than forty percent of children under six years of age in Alberta were in at least one form of paid child care (Read & Pence, 1992).

Although this trend is unprecedented in many ways, non-maternal care of young children is not peculiar to the latter half of the twentieth century, nor is it peculiar to North America or western industrialized countries. In tracing the origins of western concepts regarding child care practices, Pence (1989)

suggested, "virtually any history of the family that explores periods before the nineteenth century will present a vivid contrast to the concepts of family life and maternal roles that have shaped our thinking for well over a century" (p.141). The Victorian family model of the late nineteenth and early twentieth centuries, which grew out of social and economic changes implicit in the industrialization of labour, influenced much of our current thinking about the family and the roles of its members. During the Victorian period, children received care from somebody other than their mothers only when a crisis occurred and mothering 'failed'. The exception to the "poor unfortunate" view of non-maternal care in Victorian times occurred in families with privilege in society. In these, non-maternal care, such as in hiring a nanny, was viewed as a desirable statement of status.

We do not have to review the past to determine the parameters of our western beliefs about child care practices. In many societies, mother care, to the extent that it has been known in the western industrialized countries for several decades, is not the dominant child care practice. In 1977, Weisner and Gallimore reviewed child caregiving practices in 186 countries throughout the world. They reported that mothers were the principal caregivers in only twenty percent of the societies studied. In a majority of cultures, the principal caregivers for young children were their peers (twenty-nine percent), older children (twenty-eight percent), and all adults (eighteen percent). In spite of the alternate views of child care represented by these perspectives, child care in North America continues to exist within the tension of the "virtue of mothercare" versus the "perniciousness of other care."

In Alberta, the formal system of licensed child care followed the introduction of the Canada Assistance Plan (CAP) (Canada, 1966) and the passing of the Preventive Social Services (PSS) Act (Alberta, 1966), which introduced the province's preventive social service program. Since that time regulations have been legislated (Alberta, 1978, 1981 and 1990), reports have been written (Price-Waterhouse, 1982; Bagley, 1985; Cavanagh , Allison & McCoy, 1983), and advocacy groups have demanded changes in the system (Alberta Association for Young Children, 1984).

A review of child care publications in the province during this time shows that the period has been characterized by a lack of research. The majority of the documents produced were government publications, most pertaining to regulations or legislation. Since the mid 1980s there has been an increase in the number of reports written about child care in Alberta. Some of these are independent reports (Morrison, 1989; Bagley, 1985 ; LaGrange & Read, 1990), while the majority are dissertation topics completed by graduate students (Rumpel, 1989; Barros, 1983; Bell-Lowther, 1990). The reports and graduate dissertations deal with topics as diverse as the integration of children with special needs (Barros, 1983) to an investigation of the trend of caregivers leaving the field (Rumpel, 1989). Only one report from this period presents an overview of the development and current status of child care in Alberta (Bagley, 1985).

Although there is no strong tradition of child care research in Alberta, this is not true of the field as a whole. Over the past fifty years numerous reports have been published discussing and verifying certain practices and child care effects (Belsky, 1984; Howes, 1986). Recent reviews of the child care literature

have attempted to cluster the research reports and to identify trends in the questions being addressed. Pence, (1987), Goelman and Pence (1985), and Phillips (1987), produced similar descriptions of the stages of research questions that have been considered and then discussed current and possible future directions.

Phillips (1987), describes the waves of research as represented by three basic questions. First, does day care help or harm development? Second, which types of child care are best for children? And, third, how can we make child care better? The present wave, she suggests, involves researchers in attempting to uncover components of good quality care and to, "capture the vast diversity among child care environments and to relate this diversity to how children fare in child care" (Phillips, 1987, p. 1X).

By comparison, Pence (1987) describes previous day care research as occurring in four generations. The first emphasized the sanctity of motherhood and concluded that child care was bad because it involved separation. The second generation, which occurred at the time of the inception of the Head Start program in the early 1960s, considered that day care was good for some children -- especially for those whose development was at risk because they lived in poverty or for those who attended university based centres. The third generation, which occurred in the late 1960s and early 1970s, started to look at children in care in more typical settings and produced a more tentative direction, suggesting that day care was a complex subject to study. The fourth generation involved a consideration of many different variables when investigating child care -- including the child, the day care setting, the caregiver and the parents.

Goelman and Pence (1985) and Phillips (1987) suggest a number of similar considerations for future research agendas. Goelman and Pence, base their future suggestions within the ecological framework proposed by Bronfenbrenner in 1979. They state the case for research within the microsystem of day care, including descriptions of the various child care settings, the environments within those settings and the impact of these on children's development. Phillips also suggests the need for more study on the elements of the child care environment. She emphasizes the interrelatedness of those characteristics of quality care which have already been identified and suggests that, "These interactive effects and clusters of quality indicators that occur in the real world of child care constitute relatively uncharted territory for researchers" (Phillips, 1987, p. 121). Phillips also stresses the need to investigate child care settings as work environments, posing questions of the "relations among features of the work or adult environment, the developmental environment of child care, and the children's actual development in child care" (1987, p. 122).

Goelman and Pence argue that research on the mesosystem (Bronfenbrenner, 1979) of child care should focus on the relations between home and child care environments and their impact on child outcomes. Basing their premise on the work of Kamerman and Kahn (1981), they also contend that, "Much research is needed in this uncharted area of the relationship between work and family, and the subsequent ripple effects on the selection, nature, and effects of a day care environment" (Goelman & Pence, 1985, p. 338). Phillips (1987), describing child care as "a joint enterprise of parents and caregivers" (p. 123), suggests that collaborative research is needed which

examines the relationships that exist between parents and caregivers and the ways in which these relationships impact on the child in care.

Goelman and Pence (1985) follow the ecological model and suggest that future research must take into account the exosystems and macrosystems which impact on the child in care. In these they include the regional influences of history, legislation and philosophy. For instance, the orientation of Alberta to profit day care centres, "directly impacts families in terms of the type, availability, accessibility, and affordability of day care alternatives for families" (p. 339). At the level of the macrosystem, the Canadian context for child care is different from that in the U.S. in many ways -- culturally and socially -- and these differences need to be taken into account. They conclude, "The careful and contextual investigation both within and across the systemic levels of day care must be given priority in day care research if it is to yield information accurately reflecting the reality of day care which will be useful and important in developing appropriate family, education, and day care policies" (p. 339).

By comparison, Phillips (1987) stresses the need for longitudinal studies, suggesting that the field is currently devoid of such reports. The particular area which she believes is in need of such study is following the child in transition from child care and into formal school. She concludes, "Research is one important cog in the chain of events that can stretch the limits of what is considered possible and what is considered essential for the well-being of the nation's children and families" (p. 125).

Centre-based caregivers

There is a growing body of research examining the roles and experiences of child caregivers (Whitebook, Howes & Phillips, 1989 ; LaGrange & Read, 1990). These studies typically report on demographic factors such as age, gender, educational background, marital status; and on working conditions, such as salaries, benefits, and measures of job satisfaction. Attempts have also been made to understand characteristics in caregivers which affect their ability to work with children (Berk, 1985; Arnett, 1989). While many questions remain, a major conclusion from the research of the past decade has been that the educational backgrounds and personal characteristics of caregivers are important variables in any consideration of child experiences and outcomes.

Debate about the nature of the educational experiences for caregivers has received attention only recently. *The National Day Care Study* (Ruopp, Travers, Glantz, & Coelen, 1979) concluded that specialized child related training, regardless of formal education, best predicted staff behaviors. However, one decade later, the *National Child Care Staffing Study* (Whitebook, Howes & Phillips, 1989) concluded with the statement that,

> In general, the amount of formal education obtained by a teacher was the strongest predictor of appropriate behavior, with specialized training emerging as an additional predictor in infant classrooms. (p.9)

While research has pointed to the importance of training, few studies have reported the impact of particular curricula on the caregiver candidates and on their practice as caregivers (Katz, 1988; Spodek & Saracho, 1982), or on

the characteristics of caregiver candidates (Katz, 1990). The education and training of child caregivers has increasingly become a matter of urgent concern for policy-makers, practitioners and researchers involved in child day care (LaGrange & Read, 1990; Berk, 1985). Research findings have not only illuminated the factors which are correlated with quality care (Belsky, Steinberg & Walker, 1982; Howes,1986), they have also demonstrated the potential benefits of high quality care to children and their families (Phillips, 1987) and warned about the potentially harmful effects of poor quality care. It has become increasingly evident that the quality of child day care is related to qualities in the adult caregivers (Pence & Canning, 1986) and, in turn, the education and training of child day care practitioners is a key variable in the determination of quality care (Whitebook et al., 1989).

Understanding that the education and training of staff are important variables in the provision of child care services has resulted in modifications to child care legislation across Canada. In Ontario, the Day Nurseries Act was revised in 1988 to require that at least one staff member with each group of children holds a diploma in early childhood education (Ontario, 1988). In Manitoba, a majority of staff are required to hold an approved certificate, diploma, or degree in early childhood education (Manitoba, 1987). More recently, training standards have been introduced in legislation in Alberta. All staff are required to complete a minimum fifty hour orientation course; and by 1995, all directors are required to hold a diploma while twenty-five percent of all other staff are required to hold a certificate in early childhood education (Alberta, 1990).

In spite of the general agreement among researchers and leaders in the child day care field that training and education of caregivers is of vital importance, considerable debate exists concerning the appropriate training requirements for child day care personnel (Schweinhart,Weikart & Larner, 1986). Questions regarding the nature and content of training, the areas of knowledge, attitudes and skills required of child day care personnel, and the most effective means of transmitting these to students have yet to be thoroughly addressed (Katz, 1990; Spodek & Saracho, 1982). The lack of clarity regarding the training of child day care personnel has been linked to North America's deep rooted and historical ambivalence concerning the role of child day care (Scarr, Phillips & McCartney, 1989). Although society's perception of the role of child day caregivers influences the formulation of the training standards, clarification from within the field needs to occur. In this way the knowledge, skills and attitudes required for quality caregiving may be established and programmes will focus on providing opportunities for students to acquire the desired attributes of caring professionals in the field.

A knowledge base for child caregivers

Katz (1988), Ade (1982), Bergen (1989), and Radomski (1986) are among the writers in early childhood professional journals who argue that child care personnel should be embarking on a quest to upgrade their professional status. These authors claim that the identification and expansion of a pertinent knowledge base is an essential ingredient in this process. This runs contrary to the commonly held view that the substitute care of children demands no more knowledge than that commonly held by "mothers and grandmothers" (Blum, 1983). Katz (1980), attempts to differentiate the traditional maternal role from

that of the early childhood educator/ caregiver and bases that differentiation on a) an understanding of sequence and process of development and developmental goals for children; and b) the perspective of the early childhood educator which focuses on the the long term learning potential of each situation that arises. While Katz does not delineate the knowledge base which separates the professional from the lay-person, implicit in her thesis is that such a knowledge base exists. Other authors have stressed the importance of theories of child development and learning, and curriculum models of early childhood education (Seaver, Ward, Heaseley & Cartwright, 1977; Berk, 1985). An exclusive emphasis on child development has been questioned by Silin (1988), who argues that such an emphasis has resulted in neglect of other knowledge areas such as history and sociology.

Pence and Canning (1986) outlined a number of essential areas for child day care personnel. These include liberal education, human development within the context of family and society, and knowledge specific to the day care profession. This latter category includes organizing a healthy and safe environment for children, nutrition, group management, curriculum development, observation and assessment techniques, and the skills required to work with colleagues and parents. The relative importance of each content area, or the degree to which training programmes cover these content areas, has not been documented. Finally, several authors have pointed to the discrepancy between the growing population of children under three years of age who are in care and the availability of theoretical and practical knowledge related to group care for children of this age.

In summary, there is considerable ambiguity surrounding the knowledge required of day care personnel. Some would argue that no specific knowledge is required while others suggest the need for a broad range of theoretical knowledge related to child development, curriculum, family studies and sociology. There is little empirical evidence that clearly demonstrates what knowledge is required for competent caregivers of young children.

Contexts of caregiving

> At present, child care workers and other caregivers are chronically under-paid, largely because they replace parents who are paid nothing for their work as caregivers. A mother's work in the home is not counted in the gross national product, she receives no pension or benefits, and her experience counts for little in the job market. Society expects a mother's reward to be her joy in her work, and this attitude extends to child care workers. But child care is important work, and those who care for children should be valued accordingly (Canadian Commission for the International Year of the Child, 1979, p. 53).

The personal characteristics of child caregivers and their work environments have been increasingly identified as key factors in determining child experiences and outcomes (Phillips, 1987). Within Alberta, which had no regulated training standards until 1991, a recent government report indicated that forty percent of center directors and twenty-five percent of day care workers held at least a one year post-secondary qualification in early childhood education (Alberta Social Services, 1988). Similar figures were reported in 1990: "Forty-six percent of centre directors and thirty-one percent of caregivers had specific qualifications in early childhood care/ education" (Read & LaGrange, 1990, p.6).

The staffing crisis in early childhood care and education (Granger, 1989; Morin, 1989) has focussed attention on those factors which enable and encourage child care staff to remain in their jobs (Phillips & Whitebook, 1986). Caregiver stability, or continuity of caregiving, has been reported as an important variable in any description of quality child care (Cummings,1980). *The National Child Care Staffing Study* (Whitebook, Howes & Phillips, 1989), reported annual turnover rates of forty-one percent as reported by center directors and thirty-seven percent over six months as reported by caregivers in U.S. day care centres. Within Alberta, the Health and Social Services Disciplines Committee (1988) reported an average annual turnover rate of twenty-six percent, with a range from sixteen to thirty-seven percent, while Read and LaGrange (1990) found annual turnover rates of forty-three percent in Alberta as reported by centre directors, and twenty-nine percent in a five month period as reported by caregivers.

While few studies of child care salary levels in Alberta have been reported, it is generally acknowledged that they are low. In 1985, Schom-Moffat reported average salaries of $7.60 per hour across the prairie provinces. A survey of college early childhood graduates (Early Childhood Professional Association of Alberta, 1983), all of whom were full-time personnel employed in day care centers, indicated salaries of approximately $7.20 per hour. Read and LaGrange (1990) reported that, in Alberta, the average hourly wage for centre caregivers was $6.79 per hour and that "almost 50% of caregivers earned $6.00 per hour or less" (p.7).

Low salaries, characteristic of child care workers, are often compounded by minimal benefit packages (Benson, 1985; Whitebook et al., 1989; Gaines, 1979). Little information has been reported from within Alberta. Schom-Moffat (1985) in her report on wages and benefits across Canada, states, "the majority of workers receive few job benefits of any kind" (p.108). Approximately twenty-five percent of the respondents to a college graduate survey (ECPAA,1983) commented on the poor working conditions in the child care field. In 1990, Read and LaGrange reported that many centre caregivers, "received no job benefits other than those required under legislation" (p.8.).

Family Day Care Home Providers

Family day care refers to that system of care which involves children being cared for in the home of the provider (caregiver). Across North America various definitions and rules are applied to family day care homes and for purposes of this study the Alberta models will be used. Family day care homes belong either to the formal (regulated) or informal (unregulated) sector. Formal day homes are those recognized and in some way licensed or approved by government. In Alberta, most of these are described as approved day homes. In this system the provincial government contracts with an agency to provide care for a predetermined number of children within a certain number of homes. The government establishes various standards for the care and agrees to pay the agency for its services. The agency, in turn, then contracts with family day home providers to provide care for children within their homes. The status of approved family day home providers is that of independent or self-employed caregivers working under contract to a government approved agency. A second segment of formal family day home care is that of licensed homes.

Some homes, especially those in rural areas in which no agency operated program is available, may be licensed directly by the government to provide child care. Informal day homes refer to those homes in which children may receive care but which are not licensed, regulated or supported by government. They may include friends caring for each others children or relatives, such as grandparents or aunts, as well as non-relatives. It is likely that many of these operate illegally, since Alberta legislation requires approval or licensing for any home in which more than three non-family children receive care (Alberta, 1991). For this study informal family day home care was not included as a part of the data base.

Family day home care has increased in popularity as a child care alternative in Canada (Health and Welfare Canada, 1989) and providers play an increasingly important role, especially in the care of infants and toddlers. Even so, little is known about the day to day caregiving practices of providers (Carew,1980: Bruner, 1980) or about how the personal characteristics and work environments of providers affect the care they provide for children.

The National Day Care Home Study (Divine-Hawkins, 1981) reported that providers fit into two distinct groups -- thirty-three percent were mothers, 20 to 30 years of age, with pre-school children living at home; and thirty-three percent were between 40 and 50 years of age and did not have children living at home. Providers in Alberta do not appear to fit into this description (Alberta Social Services, 1988). Forty-three percent were between 20 and 29 years of age and thirty-nine percent between 30 and 39 years of age. Only eighteen percent were 40 years of age or older. *The Victoria Study* reported that the average age of providers was 39 years (Pence & Goelman, 1987) while *The*

Chicago Study reported that the average age of providers was 36 years (Clarke-Stewart,1987).

According to the National Day Care Home Study (Divine-Hawkins, 1981), reasons to provide care for children differed depending on the age and circumstances of the provider. Mothers with young children at home stated that they wanted to stay at home and to provide company for their own children. By contrast, women whose children were either in school or who had left home stated that they wanted an interesting activity. A majority of providers cited the need for additional income as a primary reason for providing care (Schom-Moffatt, 1985). In Alberta, primary reasons cited by providers were income, personal satisfaction and provision of companionship for their own children (Alberta Social Services,1988; LaGrange & Read, 1990).

Aspects of the conditions within which providers work has received comment in a number of studies. Dellar (1988) described the impact of being classified as self-employed, a classification common to providers across Canada. "They (providers) are therefore not covered by employment standards and relevant labour legislation which regulates hours of work, rates of pay and employee benefits, insurance and pension plan contributions and cannot claim unemployment insurance" (Dellar,1988, p.117). LaGrange and Read (1990), recommended that the advantages and disadvantages of contractual arrangements needed investigation and clarification. They commented, "They (providers) often worked more hours for less pay and with fewer benefits than would normally be allowed within an employer/ employee relationship" (p.32). In the *Victoria Study,* providers worked an average of 10.4 hours per day and cared for an average of 5.17 children (Pence & Goelman,1987). Schom-Moffatt

in 1985 reported that sixty eight percent of providers worked more than 45 hours per week, forty percent worked more than fifty hours per week, and only twelve percent worked 35 to 40 hours per week (Schom-Moffatt,1985).

The income earned through family day home care is low. In 1985, Schom-Moffatt reported that across Canada "The mean gross wage is $3.30 an hour ($7,722.00 annually), and the mean net wage is $2.26 an hour ($5,288.00 annually) - lower than the minimum wage in each province" (p.131). This study indicated that many providers did not know what their income was or what expenses they incurred. Payment was based on the attendance of children and was not related to the experience or education of the provider (Schom-Moffatt,1985). *The Victoria Study* reported that only four percent of providers earned $10,000.00 annually (Pence & Goelman, 1987). In Alberta, in 1988, 51.0% of providers earned less than $500 per month and only one percent earned $1000 or more per month (Alberta Social Services,1988). More recently, it was reported that the average income of providers was $3.90 per hour. This income was not wholly for the provider. It was also, "intended to cover the costs of food for the children in care and, in some cases, costs of supplies and materials for children" (LaGrange & Read, 1990, p. 20).

Regulated or approved family day home providers are typically reported to have grade school or high school education, with a small percentage having completed a post-secondary qualification. In 1985, Schom-Moffatt, reported that approximately one third of providers had not completed high school, 40.0% had a high school diploma as their highest level of education, and seven percent had post-secondary training in Early Childhood Education (Schom-Moffatt, 1985). In their study of 161 caregivers in licenced family day care in Ontario,

Stuart and Pepper reported that thirty-three percent had not completed high school, twelve percent had some post-secondary experience and eleven percent had a post-secondary qualification (1985). These findings are similar to those reported from the Victoria Study (Pence & Goelman, 1987). *The National Day Care Study*, based on 352 providers in the U.S., found that approximately thirty percent of regulated providers had received some training in early childhood (Divine-Hawkins, 1981), while Clarke-Stewart found that almost half of regulated providers in the Chicago Study had at least one course in child development, "but their level of education was still significantly below that of teachers in centre programmes" (1987, p.27). Within Alberta, a survey of 245 providers showed that thirty-four percent had not completed high school, thirty-eight percent had high school diplomas, twenty-one percent had some post-secondary experience and seven percent had a post-secondary qualification (Alberta Social Services, 1988).

In 1985, in a survey of providers across Canada, Schom-Moffatt reported that many providers described their jobs as temporary and planned to stay only until their own children entered school. Approximately seventy percent had been in their present job for less than 3 years and only five percent had been in the job for more than 10 years. Stuart and Pepper reported that the average length of provider experience was 2.57 years, with a range from 1 month to 13 years (1985). In 1990, Nelson reported a turnover rate of thirty seven percent in Vermont. She expressed concern at high turnover among providers, especially because of the emphasis of family day home care as a preferred arrangement for children under three years of age.

> These very young children in family day care are the ones for whom the continuity of care may be especially significant. Moreover, among these young children the consequences of turnover may be more severe than among children in centre-based care; in the former case turnover will necessarily entail placing the child in an entirely new setting without even the benefits of a familiar peer group (Nelson, 1990, p.8).

While caregivers are reported to describe caring for other people's children to be personally satisfying, and regard their work as "important, enjoyable and rewarding", they express dissatisfaction with several "external" aspects of their work (Read & LaGrange, 1990). Dissatisfaction is reported to focus on issues such as income, job benefits, perceived job status and career mobility (Schom-Moffatt, 1985; Whitebook et al. 1989; LaGrange & Read, 1990). When asked to recommend changes that would help to improve working conditions and encourage people to stay in the field, caregivers are reported to list: better salaries, improved benefits, increased social respect, ongoing education, and career opportunities in child care (Whitebook et al. 1989; Read & LaGrange, 1990).

Several studies have looked at other characteristics of providers and at family day home services (Dellar, 1988; Stuart & Pepper, 1985; Eheart & Leavitt,1989). Clarke-Stewart concluded that associations between features of a particular child care setting and the development of an individual child were complex and difficult to describe. However, she concluded that across all settings, including regulated family day home care, higher levels of caregiver education were related to higher levels of children's social competence (Clarke-Stewart,1987). Nelson notes that provider turnover is an important issue and that children, parents and providers are all victims to high rates of attrition

(Nelson, 1990). Dellar, in a review of research on the value of family day care, questioned a number of assertions regarding family day care. She questioned that there was evidence to support the hypotheses that infants, toddlers and children with special needs develop better in family day home care than in centre-based care; that family day home care is less expensive than centre-based care; and that family day home care is more flexible than centre-based care. She suggests that there is evidence to support the notion that children in family day home care may receive more individual attention than children in centre based care, although the amount of individual attention is affected by provider training and a sense of professional status (Dellar, 1988).

In 1982, Belsky, Steinberg and Walker reviewed different forms of child care and listed the advantages of family day home care as: the daily close contact it affords for children with mixed-age peers; limited isolation from the non-caring world; more flexible hours; convenient location; and the freedom it affords parents in selecting caregivers with values similar to their own. They also listed the following disadvantages: it tends to be unstable; it is unreliable across the long term; there is little assurance that the provider has any formal training in child care (although most are experienced parents); and it generally lacks an education programme. They concluded that when family day care homes, "are both licensed and supervised - by a child development council for example - quality of care can be maintained" (p. 27)).

Summary

It is within this tension that care is provided for other peoples' children. This care is provided mostly by young women in society. The situations within

which these women complete their acts of caring range from individual care of a child within their own home, for example, as a paid nanny or to group care in a centre as a child day caregiver. Many situations are recognized and regulated through legislation although the majority exist outside the regulated system and little has been reported about the operation of these arrangements (Read & Pence, 1992).

While the information presented above helps to establish the context in which caregivers work, there is an apparent absence of literature which attempts to describe who caregivers are. Studies of caregivers as reported in the literature typically focus on demographic questions including wages, education levels, marital status and years of experience. A search of the current literature failed to reveal any studies which explored why caregivers entered the field, how they thought about their work, the basis for their decisions and actions with children, and their personal and professional systems of support.

Life Story

Understanding child care and the role of caregivers has traditionally involved research that surveys and collects facts about education, working conditions and experience. Few reports have attempted to understand or explain child care, or the practice of caregiving, from the perspectives of caregivers. The telling of life stories, or biographical accounts of the experiences of caregivers, however, may point to increased understanding of the field.

Various labels have been applied to the telling of stories about lives. The terms "biography" and "autobiography" refer to well established literary forms. Biography refers to an account of a person's life written by another person, and autobiography refers to an account written by the author about her or him-self. Denzin (1989) lists 26 different terms in his description of the varieties of biographical method, including life history, life story and narrative. Bertaux and Kohli (1984) defined the term "life story" as " an oral autobiographical narrative of the entire life span or specified aspects of life generated through interaction" (p.217). Life story, they propose, differs from life history in that the latter extends life story to include data collection from other sources such as interviews with significant others and private documents such as diaries. This definition of life story or life narrative provides the closest fit to the intent of this study.

Biographic methods of various forms, including life story, have been adopted and reported by educators over the past twenty years (Abbs, 1976; Britton, 1970; Eisner, 1988; Connelly & Clandinin, 1990). Of these, several report on the use of biographical method as a part of preservice teacher education (Abbs, 1976; Eisner, 1988), or as a part of graduate studies in education (Dominice, 1990; Butt, 1988). The reported methods used with students are similar in all studies. They consist of an assessment of life as it is, stories from the past which are scrutinized for important personal and pedagogical themes, a synthesis of ideas and information, and the recording of an imagined future (Pinar, 1986). Most studies stress the importance of collaboration as a way of reflecting and understanding life stories (Grumet, 1980; Dominice, 1990). Butt and Raymond (1989), presenting an argument in support of biographical method in education, suggest that it provides a way of solving problems in traditional scholarly inquiry, professional knowledge bases,

and educational reform. They propose that the biographical method, or more specifically collaborative autobiography, has an important role in the professional and personal development of teachers.

Because of its focus on personal experience and the quality of life, biography is described as a way of providing expression (Britton, 1970), voice (Clandinin, 1985), and empowerment (Hateley, 1982). This emancipatory dimension of biography is explored further by Grumet (1981) and Pinar (1986), and is elaborated by Belenky, Clinchy, Goldberger and Tarule (1986) under headings which include "The Inner Voice", "The Quest for Self", and "Separate and Connected Knowing". This theme is reiterated by Clandinin (1985) as a part of a discussion of narrative in education. She maintains that "Recent studies . . . have contributed to the elaboration of studies depicting teachers as active holders of knowledge, as well as agents in the reality of the classroom and the conceptualization of personal practical knowledge" (p.9). Connelly and Clandinin (1990), referring to Noddings (1984), point to the importance of the relationship between the researcher and the participant in narrative inquiry and how mutual and collaborative life story telling allows both voices to be heard.

Several authors discuss the characteristics and limits of biographic inquiry (Graham, 1989; Berk, 1980). One common theme for discussion is the notion of truth or honesty in biography (Denzin, 1989; Mandel, 1980; Berk, 1980). Denzin (1989) lists sincerity, subjective truth, historical truth and fictional truth as varying standards by which autobiography may be judged. He concludes that the line between fact and fiction becomes blurred and, with reference to Sartre, he notes, " If an author thinks something existed and believes in its existence, its effects are real" (p.25). In the same volume, Denzin

continues with the theme of fiction and truth in describing life story as, "a narrative, storytelling form, which gives it the flavour of fiction, or of fictional accounts of what happened in a person's life" (p.42). Gusdorf (1980) reiterates the non-literal and secondary value of historic chronology in autobiography saying "It is not the task of the autobiographer to show the stages of his or her life, but rather to reveal to us the effort of a creator ' to give the meaning of his [sic] own mythical tale' " (p.48). Mandel (1980) states this view more strenuously in his claim that autobiography is "a passage to truth, because like all genuine experience it rises from a ground of being that transcends one's memories, petty lies, grand deceptions, and even one's desire to be honest " (p.64).

As a part of the discussion on truth in autobiography several authors point out that life story is told from a particular point in time and that each story is influenced by the view of life held by the autobiographer (Mandel, 1980; Graham, 1989). Weintraub (1978) names this point in time as the nodal moment and describes its significance as, "From which point in time the course of life is seen to have connecting lines that were previously hidden, a new direction becomes clear where only wandering existed before "(p.48). Weintraub also cautions that the autobiographer's view of life and of self will influence the form and process of the autobiography. Hence, if the nodal moment is one involving a "religious conversion" to a belief in a Creator, the succeeding autobiography may attempt to show the unfolding of the Creator's design for a life that the autobiographer was previously unable to understand. Mandel also points to the time of the autobiography and how this shapes recollections of the past, "When I describe my childhood as happy and full, I am speaking as a son, but also as a father and a teacher today" (p.64). This

revisiting of events in a person's past , together with the consciousness implicit in recollection and reconstruction, may provide a truer picture of events than the original 'first reading' of the experience. According to Grumet (1980), the very essence of autobiography is to recapture your own educational experiences, analyze to raise them to consciousness and to reconceptualize life.

Autobiography provides a way for participants to explore self-knowledge through a process of recomposition and reinterpretation of life's events. However, it requires more than a surface or superficial collection of stories from the past. Gunn (1982), when speaking of autobiography, writes, "More than any other form of narrative, it takes up the problem of depth -- not by raising depth to an absolute present where it would become a mere surface, but by enacting the reciprocity between depth and surface in what constitutes a cultural act of reading the self" (p. 31).

In a review of the uses of autobiography in teacher preparation Graham (1989) cautions against a naive and enthusiastic use of the method which precludes opportunity for "rigorous interpretive scrutiny" (p.103). He cites Abbs (1976) as an example of a naive proponent of the method and contrasts his approach to that of Grumet (1980) for whom autobiography, "Combines two perspectives, one that is a distanced view -- rational, reflective, analytic, and one that is close to its subject matter -- immediate, filled with energy and intention" (1989, p.212). Graham views this approach as "promising a more hopeful outcome" since Grumet maintains "the rigorous dialectic of distanciation and appropriation" (p.103).

Oral autobiography or life stories may be construed as self penetration or self understanding. Readers of autobiography recognize the presentness of the autobiography, the way in which memories and recollections have meaning for now, and how that meaning can help shape intentionality and wide awakeness for the future. It has been increasingly used as a method to understand and give voice to teachers (Clandinin, 1986; Bullough, 1989; Ayers, 1989) and has applicability to the field of child care. The definition of autobiography posited by Berk (1980) provides a comprehensive view of this approach:

> A selection of incidents from a life arranged and linked with respect to an outcome so as to render an intelligible account of how that outcome came to pass and as a disciplined way of interpreting a person's thought and action in light of his or her past (p.95).

An aspect of child care that cannot be known scientifically, and especially not statistically, is how caregivers experience their practice. Interpreting their stories, however, may disclose significant aspects of the meaning of such experiences. In uncovering the significance, the researchers as interpreters, may reveal not only the meaning of events of which the narrator is conscious but also those about which she or he may be unaware. Just as life story focusses on experiences and events that are significant in a person's life, so caring may be considered as a fundamental human way of being in the world. Heidegger (1962) persuasively shows that caring may be the fundamental way of being for humans. We should not be surprised, therefore, if significant in life-stories are accounts of caring or of being cared-for.

Caring

What is care? A businessman explains that the reduced grocery prices for seniors are a reflection of his care for the community; a young mother attends neonatal classes to learn how to care for her new baby; an advertisement exhorts car owners to service their vehicles at Mat's Garage because "we care"; a television programme presents harrowing pictures of families dying from hunger in desert regions of Africa and a family in Canada decides to send money and food because they are touched by a deep sense of caring for the families they see. The word care is called upon in each instance to signify something different. Some uses may appear to be trite and to be an overuse or abuse of the word. The result of such use is a cacophony of confusing and contradictory meanings that often thwart serious discussion of care. In part this confusion is due to the vagueness of the English language, which provides only one word for these various experiences and feelings. As the examples cited illustrate, the word is overused by all sectors of society - medicare, day care, eldercare, healthcare - all this at a time, as Van Manen (1990) suggests, "when we no longer seem to know what it means to really care" (p. 58).

Dictionary definitions show that the word care possesses meanings of worry and concern (The Shorter Oxford English Dictionary, 1991), as in, "He looks as though he carries the cares of the world on his shoulders"; of inclination, regard and love, as in, "Learning that his mother was ill, Don decided to leave his work to make sure that she received all the care and attention she needed"; and of action, as in, "She agreed to care for the children while their mother was away". When these meanings are combined the sense

is that of caring for another out of regard or love and to relieve worries or cares. In assuming this role, however, the one-caring also takes on the cares and worries of the one cared-for. The regard and love on which such caring is premised is not self indulgent or subsuming. Rather it is, as Mayeroff (1971) describes,

> Instead of trying to dominate and possess the other, I want it to grow in its own right, or as we sometimes say, "to be itself", and I feel the other's growth as bound up with my own sense of well-being. . . . For the caring parent, the child is felt to have a worth of his {sic} own apart from a power to satisfy the parent's needs (p. 6).

While the one-caring may hope to relieve the concerns or cares of the other they experience the other as "an extension of myself and at the same time as something separate from me that I respect in its own right" (Mayeroff, 1971, p.7).

Care is fundamentally related to motivation (Shogan, 1988; Baier,1985). If I claim to care that my garden is well tended, but I ignore it and weeds crowd out flowers and vegetables, the lawn becomes a miniature hayfield and limbs break from trees because they have not been pruned, you may have reason to question the sincerity of my caring. The state of my garden appears not to matter to me, I am not motivated to maintain it. If I care about a situation, I am, then, generally motivated to do something about it. If I care that my son does not injure himself by being inappropriately dressed in mid-winter, I will make every effort to ensure that he is appropriately dressed, even though this may not be a straightforward task. If I professed to care, but made no effort to encourage him to wear boots, gloves, a hat and a coat, the sincerity of my claim would be in question. The actions a person takes, however, are not care itself. For

example, I may assist a person injured in a car accident because I care about that person, because I know the person or because of some characteristic that inclines me to assist, such as vulnerability of age or disability or because I am drawn to care, in a more general sense, for any persons in need; or I may assist because I believe that I will be rewarded or recognized for providing such assistance. It is likely that the actions of assistance will be similar if not identical, and that an observer could not tell if my actions were motivated by care for others or care for myself. However, if the motivation was known, the second example would not be considered an act of caring. Arguably, the motivation of the person assisting is not what is most important, that he does assist is. However, expanding this position to one involving sustained relationships, as in teacher and student or caregiver and child, emphasizes the importance of motivation to care as fundamental to action.

Locke (1982) suggests that motivation to act is based on two sets of beliefs. The first involves the person in believing that within a particular context a particular action would cause something to occur. For instance, if the baby is crying I may believe that she is hungry and needs to be fed before she will stop crying. This belief alone, however, is not sufficient to motivate action. According to Locke a second belief, that a particular action is appropriate in the particular context, is necessary for action to occur. Thus, in the example of the hungry baby, I would need also to believe that it would be appropriate for me to provide food for the baby, before I would be motivated to act. Shogan (1988) adds to these beliefs, suggesting that the desire to act is an essential third component. Again, in the example of the hungry baby, I would need to want to stop the baby from crying, or to relieve the baby from pain, before I would be

motivated to act. Shogan (1988) suggests that it is not always necessary to talk of both desire and belief as prerequisites to action,

> If, for example, I am asked why I am running the tap water and I answer "to wash the dishes," the listener can infer that I desire to wash the dishes and that I believe that running the tap water will contribute to that action (p.10).

Acts of care are identified, therefore, by the particular desire of the one-acting. To describe an act as one of caring is to say that it matters to the person who undertakes the act. This is particularly the case when the object of care is someone whose well-being or fair treatment may be affected.

Explorations of the concept of care are not easy. Dalley (1988), referring to the difficulty of an examination of care, suggests that it is surrounded by " a minefield of confusion" (p.8). It is made complex, in part, by the distinctions among dimensions of caring (Tronto, 1987; Noddings, 1984) and contexts within which caring occurs (Croft, 1986; Abel & Nelson, 1990). Primary distinction is made between caring *for* and caring *about*. (Noddings, 1984; Baines, Evans & Neysmith, 1991; Abel & Nelson, 1990; Shogan, 1988). The first refers to the tangible and mechanisms involved in caring. For instance, to say, "Bill cares for his elderly, sick mother" implies action by Bill either to provide some direct, hands-on care of his mother, or to act in such a way that he ensures that his mother is receiving care. In this instance, Bill may arrange for a nurse to attend to his mother's needs because he lives too far away to attend to them himself. The term, "caring for", has a similar meaning to the term taking "care of", although the latter is more normally reserved to describe the person who undertakes the direct, hands-on care and who may not be involved in

organizing for other care for the person. Hence, "Bill takes care of his elderly, sick mother" implies a more direct and involved caring role for Bill than the former. These uses are compared with the use of the term "caring about". In this, it is asserted, the emphasis is on the affective and expressive aspects of care and do not imply action. The phrase,"Bill cares about his elderly, sick mother", tells something about his emotional and cognitive state, but does not imply action by Bill. It is often assumed that caring incorporates both labour and love in an inseparable way. However, several authors suggest that the integrity of caring, and possibly many of the tensions created for those in caregiving situations, are focussed around the times when they care about a person but are unable to care for them, or when they persist in caring for a person after they have ceased to care about them. This case is stated by Ungerson (1987) and Graham (1983) who de-emphasize the importance of motivation and make more visible the context of caring. They both point out that traditional concentration on motivation and reciprocity as essential elements of care, while fitting within an individualistic paradigm, fail to take into account that much caring is collective, difficult work and may involve working with people who cannot reciprocate.

Caring for other peoples' children is difficult. It involves providing care for other people's children, as work. Not all children or parents choose to be cared-for and may show their reluctance to accept the care of the one-caring. The caregivers typically work with groups of children in collective rather than individual ways. Their world is filled with rigid bureaucracies and administrators, demanding parents, enormous social problems which envelope aspects of the total community, and apathetic social institutions, many of which combine to make the task of caring for an individual child, or for groups of young

children, seemingly impossible. In spite of these, however, many caregivers bring what Tillich (1952, p. 47) calls an "ultimate concern" and Van Manen (1991, p.13) describes as "a fascination with the growth of the other" to their relationships of caring about and caring for other people's children. Caring in the day care centre or in the day home is not a naive expectation, but a commitment to the whole experience of being and growing with others. As Mayeroff (1971) writes, "To care for another person, in the most significant sense, is to help him (sic) grow and actualize himself (sic)," and "In caring as helping the other grow, I experience what I care for as an extension of myself and at the same time as something separate from me that I respect in its own right" (p.5).

Summary

Issues surrounding non-parental child care in society are complex and influenced by many factors, including the conditions of caregiving. Child care exists within a broad context. It shares the strengths and weaknesses of the society within which it exists and continues to struggle to gain recognition related to its traditions and unique needs. Understanding of the nature of non-parental child care, so prevalent in society, is only beginning. Research is limited and agreement is scarce. A part of the problem may be that theories of practice have been evolved outside the field of child care, either by professionals with limited understanding of the situations within which such caring takes place or by borrowing theories from other fields and attempting to make them fit. Attending to the experiences of child caregivers is a way that the field may be able to improve its self knowledge and understanding and to more accurately inform others.

Chapter 3

THE STUDY

In this chapter I attempt to walk the reader through the evolution of the study. In it I describe several factors that influenced the choice of topic, the philosophic underpinnings of the methodology, and the methodology itself.

At the start

Between 1984 and 1993 I worked on a number of practical and academic projects aimed both at describing child care in Alberta and at instituting changes that I considered progressive. In my reading and discussion about the current state of child care I realized that very little work had been reported that described the experiences of children in care, of parents leaving their children in the care of other adults, or of the experience of adults caring for other people's children. The studies that appeared in the literature were almost exclusively written within a positivist paradigm, attempting to establish correlations between adult and child behaviours and factors such as adult - child ratios (Bruner, 1980); group-size (Howes, 1986; Ruopp, Travers, Glantz & Coelen, 1979); and the experience and educational backgrounds of caregivers (Berk, 1985). While these provided valuable and pertinent information to a field struggling to understand itself, I considered that many studies were too narrow in their conceptualizations and methodologies. It appeared to me that many research questions being asked and studied were either circular or premature and that answers were being too readily proposed and followed. There was a need, I concluded, for greater understanding of child care -- from the

perspectives of all participants -- before it was reasonable to expect improvements in the care provided. One way to do this was to study the lives and daily experiences of those who care for other people's children; and to provide pathways along which caregivers could reconstruct and describe the joys, stresses, tensions and meaning of providing such care.

Over the following few years as I completed course-work for my degree and worked alongside others who were actively involved in research projects, I struggled with questions of discipline and orientation. I read extensively within the fields of child care, early childhood education and women's studies as I perceived them to be related; and I struggled to understand various research paradigms and methodologies. Previous involvement in quantitative, experimental research studies almost lured me in that direction, but the support of advisers and colleagues persuaded me to focus my energies on my research interests. Increasingly these interests centred on researching lived experience.

Influences

Throughout this period I was influenced by readings and by people with whom I had conversations. While it is not possible to know all of these influences or to describe all those that I do know, I believe the following to be representative of those which influenced my thinking to this time.

One of the earlier influences was Valerie Suransky, who I had the pleasure to meet and to introduce at a provincial conference in 1983. This followed the publication of her book, The Erosion of Childhood (1982) which Suransky described as,

> the culmination of many years of curiousity, excitement, uncertainty and often despair. It is as much the story of my own struggles as a parent, a working woman, a feminist, and a child advocate as it is a searching examination of the prevailing cultural ideology of childhood and its practices in society. (p.xi)

In her examination of the phenomena of childhood and child care she addressed issues within the current practices of social research and within the areas of childhood studies. The case studies of children and their caregivers in five American day care centres seemed closer to the core of understanding their experiences than most other literature that I had encountered until then. Over the next several years I found compelling reading in the accounts of the lives of teachers and caregivers as they were provided in case studies by a number of authors (Clandinin, 1986; Yonemura,1986; Bullough, 1989). Margaret Yonemura (1986) detailed the work and environment of one pre-school teacher. Her book, concentrating on the importance of the personal beliefs and values of the teacher, provided important insights into the decisions made by the teacher, and the knowledge bases for them. Clandinin (1986) provides stories and insights into the personal practical knowledge used by teachers in their everyday interactions and on how the images of teaching, which are part of that knowledge, affect the life world of the teacher and of the child.

I became interested in gender issues largely through my involvement in the preparation of early childhood personnel, most of whom are young women. From the works of authors including Carol Gilligan, Mary O'Brien and Nancy Chodorow I gained knowledge of perspectives from women about their lives and, in particular, the misunderstandings and inequalities that exist in a world shaped largely through male thoughts.

My research interests fell within an arena that is generally viewed as the work world of women; a world which Abel and Nelson (1990, p. 4) characterize as "a practice associated overwhelmingly with women . . . 98.4% of nursery school and kindergarten teachers, 97.4% of child care providers, and 96.5% of registered nurses." As a result it was important that I gain some understanding of the views of women involved in similar research.

Harding (1987) states a feminist view of research which asks the researcher and the participant to define together what form the methodology will take. The instrument of data collection should allow for "a sharing of ideas and philosophy and experience and symbolic expressions . . . a sharing of self" (Kirby & McKinna, 1988, p.36). The act of interpretation, they suggest, underlies the entire research process. This process is a social activity which "is located in a specific historical and social context, and involves intentional activity" (Cras, 1967, p. 23). Oakley (1981) presents a similar view in her definition of non-exploitive data collection as being those situations in which the interviewer is more than an instrument of data collection. She lists the essential components of an interactive methodology as the formation and clarity of questions, an egalitarian setting, and relationship of trust between the interviewer and the participant. The term egalitarian setting refers to the establishment of an environment which encourages free expressions of ideas and opportunities to disagree. In this setting the interviewer interacts with those whose lives are being inquired into and records her or his own commentary. In the analysis phase, it is the verbal record of the interviewee which is highlighted. The interviewer is "hearing the participant into speech" (Finson, 1985, p. 103). While traditional research methods have discouraged group data collection,

feminists have argued that there is a need to shift the emphasis away from the isolated individual interview and towards repeated group interviews (Harding, 1987). Feminist authors suggest the "collectivization of women's experiences is not only a means of getting more and more diversified information, but it also helps women to overcome their structural isolation in their families and to understand that their individual sufferings have social causes" (Mies, 1983, p. 128). Kirby and McKinna (1988), stress that the method should be "non-colonial", that is, that the interviewer does not project his or her own meaning onto the experiences of the interviewed.

It was at this point that I decided my research study would collaboratively portray the life stories of people who care for other's children. Such stories had not previously been reported and fit within my belief that they would inform the field as well as parents and others associated with child care. In addition, it had the potential to give voice to women who undertook this work in society and who often stated feeling undervalued or ignored. The study, described in the second section of this report, involved constructing stories with four women engaged in caring for other people's children in different locations. There was no shortage of material. The women with whom I worked had many stories to tell and were able to articulate these and their understandings of their various experiences. While the stories greatly increased my knowledge of their experiences and reconstructing and telling their stories may have been useful to the four women, I continued to feel dissatisfied with a simple reporting of their stories. It was as though I was appropriating their experience and reality for myself.

As I heard their stories and began the task of sorting and developing themes I continued to read literature on caring and this led me to reconsider the purpose of my study. From the works of authors such as Noddings, Shogan, Mayeroff , Abel and Nelson I formulated the notion that my interest in the stories and lives of caregivers was not only in the telling of these for purposes of advocacy and informing but also because I wanted to further my understanding of what it means to care, especially in the relationship between a child and a non-parent caregiver.

Purpose and boundaries of the study

The research orientation I adopted for this study was dictated in part by its purpose. I wanted to explore, from the view of caregivers, the experience of caring for other people's children and to understand and describe what such caregiving entails and what it means in the context of their lives. As broad guides to the study I was interested in how the caregiver knows about caregiving, how she maintains the legitimacy of her actions, the images she brings to her work and the congruence of these images with her daily practice. I hoped to learn about and describe these from within the context in which the caregiving occurred and within the context of the life of the caregiver. What biographical factors influenced the caregiver's views of caregiving? My hope was that I could complete a study which provided insights for the participants, for myself and for the readers into the meaning of care within these particular contexts. No attempt was made to produce "findings" which were generalizable to caregiving in all situations, although I hoped that a reader might find similarities between the interpretations offered and their own lived experience.

Research Orientation

Such thinking led me to naturalistic forms of research inquiry, in which research is a qualitative, descriptive, interpretative process. The research perspectives on which the study is based are most closely associated with the constructivist paradigm described by Guba and Lincoln (1989). In this, the ontological position is that knowledge and reality are relative, multiple and constructed by individuals. This view is reiterated by Belenky, Clinchy, Goldberger and Tarule (1986) who suggest,

> To see all knowledge is a construction and that truth is a matter of the context in which it is embedded is to greatly expand the possibilities of how to think about anything, even those things we consider to be the most elementary and obvious. Theories become not truth but models for approximating experience (p.138).

Parallel to this orientation, and not contradictory to it, is the view of hermeneutic phenomenology. Aiming to uncover the nature or meaning of everyday experiences, "phenomenology asks, 'What is that kind of experience like?'" (Van Manen, 1990, p.9). It does not aim to provide or comment on grand theories that may explain the world, but, rather, to offer plausible insights into lived experiences. As Merleau-Ponty (1979) defines it, phenomenology

> is the study of essences . . . the essence of perception, or the essence of consciousness, for example. But (it) is also a philosophy which puts essences back into existence, and does not expect to arrive at an understanding of man (sic) and the world from any starting point other than that of 'facticity' . . . It tries to give a direct description of our experience as it is (p. vii).

The quest for meaning and its interpretation within the context of the life-world is the central task of the hermeneutic researcher. Hermeneutics attempts to provide the interpretive effort required when we encounter meanings that are not readily apparent, such as "in the domain of self-representation" (Suransky, 1982, p.35).

From these positions stems the epistemology described by Guba and Lincoln (1989) as monist and subjective, and by Belenky et al (1986, p. 137) as where "the knower is an intimate part of the known." The researcher works together with the participants in mutual explorations that will attempt to identify and illuminate meanings, rather than to adopt a stance of a detached behavioural scientist, fearing contamination of objectivity through participation in their world. Freire (1983, p. 76) in describing authentic education processes, proposes that we enter a "dialogical encounter" with those whose lives we are attempting to understand and portray. He continues to define dialogue as

> an existential necessity (which) cannot be reduced to the act of one person's "depositing" ideas in another, nor can it be a simple exchange of ideas . . . nor yet is it a hostile, polemical argument between men who are committed neither to the naming of the world, nor to the search for truth, but rather to the imposition of their own truth . . . it is an act of creation. (p. 77)

The role of the researcher, then, is not to collect data and interpret it within the context of his or her own research goals or experiences, but rather to attempt to mediate between the reconstructions of events and experiences as perceived by the participants and the researcher. The notion of a "fusion of horizons" (Gadamer, 1975, p.11) provides a way of thinking about how to bring

the ideas, experiences and interpretations of the researcher and the participant together for dialogical encounter. Gadamer describes this idea as a

> process of understanding that culminates in the fusion of horizons (which) has more in common with a dialogue between persons or with the buoyancy of a game in which players are absorbed, than it has with the traditional model of a methodologically controlled investigation of an object by a subject. (1976, p.xx)

Based on these assumptions or understandings of world views, I selected approaches (methods and strategies) which were non-experimental and non-manipulative and which aimed to construct meaning through direct engagements with the complexity of life. Perhaps it is best described by Geertz (1988) in his description of ethnography. "(It) is the kind of intellectual effort it is: an elaborate venture in, to borrow a notion from Gilbert Ryle, thick description" (p.6), and by Blumer (1980), "All human interaction must be studied as it occurs in the natural setting and no attempt should be made to reduce it to a simplistic form" (p.417). Denzin (1989), in his description of interpretive interactionism, adds to this view, "Meaningful interpretations of human experiences can only come from those persons who have thoroughly immersed themselves in the phenomenon they wish to interpret and understand" (p. 133).

I began to form an image in which statistical or quantitative studies provided a frame or outline sketch of the child care field, and that my own interest was in filling-in the detail or colour that would bring the picture to life. This image has been recently reinforced in my work on the National Child Care Study (Lero, Pence, Shields, Goelman & Brockman, 1992). In this study, vast quantities of numeric data were produced from interviews with 24,000

Canadian families. While the data provides interesting and important information, my curiousity was piqued as I contemplated the stories and lives that lay within each cell. A part of the power of this study lay in the size of it's sample and yet I wondered if the message it contained might be more effectively stated through the stories and experiences of some of the families involved. Or, as Van Manen (1990) writes in his description of human science research,

> (it) is interested in the human world as we find it in all its variegated aspects . . . it would be wrong to say that the human scientist has no compelling "stories" to tell. Aren't the most captivating stories exactly those which help us to understand better what is most common, most taken-for-granted, and what concerns us most ordinarily and directly. (p. 18-19)

Interviewing

With these thoughts I embarked, tentatively and apprehensively, on the study of what it means to care for other people's children. Because I was interested in the lived-worlds of the child caregivers, the values, beliefs and perspectives which they brought to that world; as well as in their perceptions of how they came to be the caregivers they are, I chose to construct stories with caregiver participants directly through personal interviews and participant observation. I had background experience in both interviewing and observation. My work as a teacher and early intervention worker had provided many opportunities to interview parents in unstructured and conversational ways. I had spent many hours in kitchens and living-rooms talking with parents, mostly mothers, about any number of personal and family issues relevant to

their family situation which included a young child at developmental risk. Later my work involved more structured interviews, often for purposes of entry to a job, to gain entry to an adult education programme, or as part of an evaluation process. Early in my pilot study, however, I discovered the challenge of establishing a relationship with the interviewee which promoted 'real talk' rather than "chatter" (Van Manen, 1990), and which included both substance and flow.

While I discovered about conversational interviewing in a practical way during the pilot to the main study, I was influenced in my selection of this approach from several accounts in literature on naturalistic enquiry and life story autobiography (Spradley, 1979; Agar, 1986; Denzin, 1989). Following reports of approaches to life stories (Butt & Raymond, 1989; Dominice, 1990), I decided to invite caregivers to share stories of their lives and to assist me in providing interpretations of these stories as they were pertinent to their lives as child caregivers. These stories were solicited through a series of informal conversational interviews between each caregiver and myself. Patton (1990) describes this approach as

> the most open-ended approach to interviewing. The conversational interviewer wants to maintain maximum flexibility to be able to pursue information in whatever direction appears to be appropriate, depending on what emerges from observing a particular setting. . . . Thus the conversational interview is a major tool used in combination with participant observation to permit the evaluator who is participating in some programmatic activity to understand other participants' reactions to what is happening. No predetermined set of questions is possible . . . because the evaluator does not know beforehand what is going to happen or what will be important to ask. . . . Questions can be individualized to establish in-depth communication . . . and to make use of the immediate surroundings and situation." (p. 281)

In these conversational interviews, caregivers were invited to share stories about their present working reality and about events, experiences, and people in their lives that may have impacted on them as child caregivers. Additional insights into the personal understanding and meaning of caregiving were gained by inviting each caregiver to disclose future goals and aspirations. As the researcher in this series of dialogues my role as a listener involved careful listening, recording, and questioning in a manner that encouraged the caregiver to reflect and to provide richer descriptions; and my role as a talker involved telling my own stories as they encouraged the caregiver to continue with her own life stories, or as they provided balance to the conversations. In such telling I was able to bridge the gap between researcher and research participant through my own risk-taking.

Talking about previous time that I had spent working alongside the caregiver and completing observations was often a good starting point for our conversations. It provided a common reference point and a spring board for discussion, at the same time as it allowed for conversation to move in several directions. If I asked a question or commented on a subject about which my interest was apparent, the response was usually elaborate and generated detailed reflection on the children and the situation. I was surprised at the extent to which the four caregivers were able to recall and reconstruct their decisions to act or not to act, and the various thoughts that crossed their minds at the time. For instance, Jennifer was able to explain in detail why she had permitted a disagreement between two children to continue for several minutes and, that when she did intervene it was with a suggestion for how to solve the problem: "I wanted Stanley to realize that he can solve problems without

always asking an adult to rescue him. They did it pretty well even though I did have to make a small suggestion" (Jennifer, 23,11,91). Conversely, if my questions smacked of being too theoretical or, worse again, interrogative, I received closed and brief responses and often needed to shift the conversation onto a new topic. At times I deemed it appropriate to tell a story from my own experience or to share my own view on a shared experience. This normally promoted varied and open responses, leading to questions and a full exploration of the topic under discussion.

Typically conversations lasted about two hours, were lively and intense, and were liberally sprinkled with good humour. Usually this humour was directed inwards, and sometimes at the novel antics or statements of a child. I did not encounter humour which was malicious or focussed on the misfortune of another person.

As noted earlier, a challenge of this study was in understanding my role as researcher. This concern was particularly acute in my role as interviewer or conversationalist. Not only was I concerned with the ebb and flow of the conversations, about probing for depth, and about where it might be appropriate to interject with my own comments or stories, I was also conscious of how my responses might be shaping those of the caregiver and how easily my "agenda" might dominate the conversations. The related issue of gender concerned me for a long time. Would these four women disclose personal thoughts and stories to me? Or would they provide more limited portraits than if they were talking to another woman? I suspect that some things may have been different, although by the end of the sessions we were able to discuss the constraints and freedoms permitted by gender. I interpreted several factors as

encouraging. First, the women appeared to talk openly and easily about most topics. The discernible criteria in ease of conversation had more to do with our mutual interest in and passion for the topic under discussion than with gender difference. Second, I believe that all four of the caregivers found reward, as did I, in the opportunity to talk confidentially about their work, the children in their care, their colleagues and themselves. After only a few conversations I received telephone calls at home and at work from the caregivers who wanted to tell me of something exciting, devastating or ordinary that had occurred in the child care setting. Third, I believe that my knowledge of the child care field helped in establishing my credibility and persuaded them of my real interest in them as caregivers. I was conscious of the need to share stories and perceptions from my own world. I tried to approach this with caution, as I saw my own role as that of hearing the caregiver's stories, not to tell mine. At times, however, the conversations became so intertwined, detailed and flowing that it was difficult, even after repeated replays on the tape-recorder, to determine which idea belonged to whom.

Ethical issues that arose during the study, and that were particularly accentuated by the conversations, included participant anonymity and confidentiality, and my relationships with the caregivers. Over the period of almost 20 weeks I came to know the four women well. They shared stories with me that they asked me not to write or to share with others. Typically these were stories about which the story-teller felt some guilt either because of something she did or thought about doing. More than one of the women told me that the information she was sharing with me - mostly personal and private - she had not divulged to anyone else. One woman, after relating a story from her childhood which she found painful, finished by saying, "I've never told this to anyone

before. Even my own family don't know. I don't know why I'm telling you . . ." (Angela, 09/11/91).

I played a different role in the life of each of the caregivers. For some, I believe, I became a source of support, while for others they had less need to use me for support. It was important that at the end of my period of data collection we did not simply abandon the trust that we had established, and that the caregivers left the situation without feeling used. Although meetings became less frequent and I stopped the participant observation aspects of the study, three of the four caregivers and I continued to talk together for several months, by telephone or over coffee. My contact with the fourth caregiver occurred only at my initiative and was usually limited to a brief exchange about the status of the study

Participant confidentiality and anonymity quickly became real issues for me, and they remained a concern for me throughout the study. For one woman, who cared for children in her own home, it was less of an issue at the practical level. Visits to her home, for purposes of observation and interview, were less apparent than centre visits and only on two occasions were other adults (parents) in the home at the same time. However, even in her case, the programme administrator was aware of my study and I depended on her to maintain the confidence. A similar situation existed in the case of Angela, who worked as a live-in nanny. For the two other participants, who worked in group settings alongside several colleagues, my visits were more apparent. While the centre directors were aware of the purpose and focus of the study, other staff were informed that I was engaged in a collaborative study with the focal caregivers with the eventual purpose of gaining a better understanding of the

day care environment. My concern with the maintenance of the anonymity of the four women who shared their personal as well as their professional stories, led me to be vigilant in checking that I had their permission to use any of their stories or interpretations. I also decided to write the report, using pseudonyms, in a way that would make individual identification very difficult.

Technical aspects of interviewing, sometimes problematic, required more straightforward decisions. I audio-taped throughout the pre-arranged conversational interviews. The pattern became one of beginning the conversation without the tape and recording only when we seemed comfortable in the setting and with the topic. On occasion I received a request to ignore some comments, but I was never asked to stop the recording. Some important stories and anecdotes were shared immediately before and after the interview, and there were several times that we shared information without use of a tape recorder. I noted what I could recall of these conversations as soon as possible after each occurrence. Following each encounter with a caregiver I described my perceptions of what had transpired, the ambiance of the meeting, and issues or comments which seemed particular. I increasingly found these jottings helpful in pointing to directions for future observation and discussion.

Between each observation and interview I reviewed the tapes and made note of topics, issues and directions for further exploration. The quantity of taped material caused me to make several management decisions. I found, for instance, that instant analysis (highlighting topics or themes), while providing a focus, was liable to head me in the wrong direction. There was a need to listen to the interviews, or parts of them, more than once, and to allow time to mull over the content. This process of "mulling" allowed for possible meanings or

interpretations to sift through my mind and to begin to create webs of association or relationship among the various topics discussed. Only after several "listens" did I complete any transcriptions of taped conversations. Bogdan and Biklen (1982), Patton (1990), and McKinnon (1987) suggest that transcribing all of the content can be costly, time-consuming and unnecessary. Bogdan and Biklen suggest " leaving out a lot of material that does not address your concerns" or transcribing "some of the first interviews more or less completely, and then narrow(ing) what you transcribe in later interviews. As the study goes on you should have a better idea about your focus and be more sensitively selective in what is typed" (p. 96). In similar vein Patton recommends that, "the interviewer can work back and forth between interview notes and sections of the tape; only those quotations that are particularly important for data analysis and reporting need be transcribed" (p. 350). McKinnon, in a discussion of difficulties he experienced with full transcriptions, concluded, " so I eventually abandoned it { transcription} in favour of note taking based on my own review of the tapes" (p.44). In this study, following initial review, notes were made of pertinent information, and these were added to after each review. The tapes were dated and stored for later reference. Transcriptions that were made were almost entirely accounts of stories or interpretations offered by participants that, either because their content or the veracity of their telling, added significantly to my understanding of the caregiver. As the study progressed I became increasingly conscious of the importance of dealing with all information (data) holistically and of the danger of premature reduction to topics or themes.

I integrated the listening and reflecting activities into other aspects of my life. I listened to tape recordings of interviews as I walked to and from work

each day and as I drove back and forth to the university each week. In addition to my regular and frequent contacts with the four caregivers, I engaged colleagues, from within the field and from outside the field, in conversations about ideas or theories that were percolating in my head as a result of the readings, interviews and observations. In particular I identified two colleagues on whom I tested my most recent ideas and from whom I received honest and helpful perspectives. In this way sometimes apparently trivial or passing comments or actions by the participants took on a new importance. Through such conversations and deliberations I was able to bring hitherto insignificant data to the fore, examine them more closely, and add them to the portraits that the four caregivers and myself were constructing. I spent other time writing and rewriting my reconstructions of the interviews, playing with ideas, juxtaposing notes from observations with tapes of interviews, and searching for ways to capture and describe those experiences which best expressed the lives of the four women.

Participant Observation

A second, interconnected and overlapping strategy that I used in constructing the caregiver portraits was that of participating in their work world and noting my observations of their experiences. As with interviewing, I entered the study with professional experience which included observing children for purposes of needs identity and programme planning; observing adults training to become teachers and caregivers; and observing adults already employed as teachers and caregivers for purposes of evaluation. I taught courses on observation and recording and was a consultant to a video production on the subject of observing and recording children's behaviour.

An understanding of the context within which the caregiver worked, and an opportunity to develop comfortable relationships, occurred through the time I spent living in the world of the caregiver in the role of researcher as participant. In this role the researcher attempts to "catch the process as it occurs in the experience of those he (sic) studies" (Bruyn, 1966, p.27) and to focus on the "feeling or tone of the interactions and meanings which take place" (Ayers, 1989, p. 167). Ideas which assisted me in understanding the role of researcher (observer) as participant are provided by Denzin (1989), Bruyn (1966) and Junker (1960). Ayers, reporting on his experiences as an observer, describes the experience.

> While I was collecting detailed notes, mapping spaces, diagramming, and describing each teacher in the context of a specific setting, I was also reading to groups of children, wiping noses, changing diapers, and zipping up coats. . . . The observations were guided by my own intuition and experience, and focussed on the structures and routines of each setting, the interactions among the children as well as between the adults and the children, the actions of the teacher, the explicit and implicit goals of the program, and the tone of each group. (1986, p. 6)

My previous experience as an observer and a participant in child care settings led me to believe that my experiences would not be unlike those of Ayers. It is unusual to enter a child care centre and not become involved in buttoning coats, pouring juice, wiping noses or answering questions. My experience also enabled me to acquire skills of moving in and out of various levels of involvement in children's activities. I believe that the time I spent fully immersed in the world of the caregiver helped me to understand her experiences and provided a base for later discussions.

Over a period of fifteen weeks I conducted intense and extensive observations in each of the four care settings. Throughout a majority of observation visits, which typically lasted 3 to 4 hours and with one visit every 7 to ten days, I became directly involved in the care environments alongside the caregivers. I experimented with using a viewing room, available at only one site, but quickly reverted to the role of participant observer. The objectivity which the viewing room provided prevented me from experiencing the pace, emotion, aroma, and tone of the caregiver's world. I was reminded of the story told by Blythe Clinchy (1991) in which the researcher, in response to the question of why he observed children through a screen, replied, 'it keeps the kids from talking to me too much. You know, if the screen wasn't there, he'd want to talk to me. He'd say irrelevant stuff like, 'Who are you?'" (p.1). The time I spent with the four women required me to maintain personal focus and structure in my approach. It was too easy, and too enjoyable, to become immersed in the play of the children, in the behavioural idiosyncrasies of a particular child, or in thinking about how I would do things differently. I became involved with the children and their activities in all these ways at every visit. However, I checked this "suspension from reality" at 20 to 30 minute intervals, leaving the room to reflect on what had transpired, to make rough notes, list questions that I wanted to check with the caregiver . . . and to catch my breath. The luxury of leaving the room for such reflection and rest was generally unavailable to the caregivers; and my experiences confirmed previous perceptions that caregiving is active, reactive, exhausting, and complex. I increasingly wondered about what motivated the caregivers, how they maintained their energy and enthusiasm, and what they thought as they planned, played, initiated, reacted and interacted for long days in the midst of immediate expectations from children, parents,

colleagues, and supervisors. I also realized that to gain insights into the worlds of the one-caring I needed to consider the experiences of those being cared-for. The reciprocal nature of caring, the ebb and flow of relationships among the children and with the caregiver, were so interwoven that separation seemed awkward and artificial.

The format used in recording observations was one with which I had previous experience. Following each period of observation, which often included discussion with the caregiver, I wrote a chronological narrative of the visit. I attempted to sort this narrative into accounts which were essentially descriptive, including child and caregiver behaviours, spaces, settings and physical appearance; and inferential, including my initial "guesses" about what was occurring or why particular events occurred. I added to these descriptions of my own feelings about my role and my perceptions of what I had observed. At a second stage of sorting, I identified events, practices and actions which were of particular interest and those which I intended to revisit in dialogue with the caregiver.

Making meaning

Although I had been forewarned about the volumes of data generated in such a study (Patton, 1990), I still found the various tasks involved in organizing, and more particularly in analyzing, the data, daunting.

Sorting and organizing increasingly became tasks of linking together the influences, events, people and experiences as shared in the life story conversations with the current activities and experiences as observed and

discussed in the child care settings. It was not a task for the researcher alone. I attempted to maintain a position as an assistant to each caregiver in probing the significance of her current world experiences and in reconstructing meaning from past experience. In this way, each of the four caregivers, using her own voice, was able to describe and interpret her current practice of caring for other people's children and to situate this practice in a life continuum from past to future.

I regarded each caregiver separately, sorting and coding data and writing narrative accounts which acted as case records for each. These accounts were written as a way for me to organize and synthesize information and to provide the bases for cross case comparison and analysis. While they were not written in any sense to provide a total biography of each caregiver, these narratives did allow for initial comparison of their stories and helped me to identify common issues and topics as well as any areas in which I had insufficient information. These narratives were shared with the appropriate caregiver at several stages in the writing process. The caregivers reacted with interest, offering advice, requesting changes, and providing more detail or corrections. As we discussed my written accounts the four women made particular comments regarding my over-emphasis of some details, understatement of others and my complete misunderstanding of the significance of others. Such discussions provided an excellent catalyst for ongoing interpretive dialogue about the experiences, events and people in their lives and became the primary forum for the mingling of our understandings about the meaning of caregiving in their lives.

At the same time as I was collecting the data, writing the brief narrative records, and forming interpretations with the caregivers, I was engaged in a personal process of inductive analysis. That is, the heuristic qualities or features of the study led me to an ever deeper and more consuming quest for understanding. I was attempting to understand and interpret my experience of the phenomenon of caregiving and the essential experience of others (primarily the four women caregivers in the study) who also have experience of this phenomenon. As Douglas and Moustakas (1984) state, "heuristics is concerned with meanings, not measurements; with essence, not appearance; with quality, not quantity; with experience, not behaviour" (p. 42). Patton (1990) identifies the unique characteristics of heuristic inquiry as,

> The extent to which it legitimizes and places at the fore these personal experiences, reflections, and insights of the researcher. The researcher, then, comes to understand the essence of the phenomenon through shared reflection and inquiry with co-researchers as they intensively experience and reflect on the phenomenon in question. A sense of connectedness develops between researcher and research participants in their mutual efforts to elucidate the nature, meaning, and essence of a particular human experience (p. 72)

An over-riding aspect of the analysis was the extent to which I became increasingly immersed in the study and particularly in the phenomenon of caregiving and the lives of the caregivers. Throughout all aspects of the analysis and writing I became immersed and absorbed in the world of the experience. A part of this process, described elsewhere in this paper as "mulling", involved extensive periods of contemplation, during which, in the words of Moustakas, "one must permit the glimmerings and awakenings to form, allow for the birth of understanding to take place in its own readiness and

completeness" (1981, p.50). Often time spent in this way led to tacit understandings of particular aspects of the study, or permitted me to identify webs or maps of association among the various data. This, in turn, led to a search for ways to express these understandings. From such a deliberation, which was often accompanied by further reading and dialogue with others, patterns, associations and themes were generated which pointed towards the essential meaning of caring for other people's children.

Having heard, over the preceding several weeks, people speak in various ways of their experience of caring for other people's children, and having spent time observing these same people enact their caregiving, the task now is to attempt to lift the spoken words and actions out of their specificity in an effort to "make them speak again within the broader conversation of the human community" (Smith, 1991, p.220).

Many topics or themes emerged from the conversations and observations, including those related to issues of gender and care, care as a labour of love and care as work. All of these warranted further attention and provided organizational possibilities for further exploration. The writing attempted here, however, is organized around four basic themes. In the process of "thinking the material through" (Gadamer, 1975, p.355), these themes emerged as four different and yet connected ways in which the caring for other people's children may be understood and affected and they incorporate many of the topics mentioned earlier.

The first theme deals with the space within which the acts of caring occur. While it refers to the physical structures, such as the dimensions of the rooms

and the physical or material resources and equipment. the most evocative aspect of this theme involves discussion of notions of "lived space" (Van Manen, 1990) and includes views of "pedagogical atmosphere" described by Bollnow (1989) to include "all those fundamental emotional conditions and sentient human qualities which are necessary for the raising or educating of children" (p. 2). This exploration draws attention to space as "the whole in which the human being always finds itself already immersed" (Heidegger, 1977, p.53) and the experience of a place for a child to be a child and the place of children in the lives of caregivers.

A second theme is concerned with the experience of time in caring for children. Again, discussion is concerned with time as an exigency of institutional structure, as in sleep time, snack time, time to go home and so forth, as well as with the lived experience of time, described by Merleau-Ponty (1979, p. 73) as "a presence, an abode, which we as 'body beings' in the world inhabit" (p.) and which Suransky (1982) expresses as arising "out of our relation with things, and it is we who constitute that relationship . . . we cannot talk of time apart from our consciousness. We are beings in time" (p.66). This theme points to the tensions created by experience of too much, or, more commonly, too little, time to care for children and to care for self.

A third theme is focussed on notions of the caregiver's sense of self as a carer of children. Pertinent in this is a consideration of the impact that children have on the adults who care for them and on how they view themselves in relation to their caregiving tasks. Caregivers are drawn to reflect, not only on their actions with children, but on the values which they embrace and which may influence the lives of children in their care. The profound responsibility of

the task which is always present with the caregiver, causes them to re-examine questions of what is good and what is possible.

A fourth theme engages the notion of the relations of caregivers both to other people and to material things in their environment. It addresses the experiences of connectedness between caregivers and children, and of separateness, which is implicit in the recognition of children as individuals who have their own lives to live. The boundaries present in non-kin relationships; relationships without the intimacy inherent in parent to child relations, may create tensions for both child and adult. Among the other concerns raised for discussion are those of the competing tensions of care for self and care for other, and of struggles for attainment to the rhythms of a child's life in a context which includes several children and adults and which, itself, may not provide for recognition or valuing of the carer's own lived experiences. A part of this discourse centres on the apprehension in lives shared between adult caregivers and children through the intimacy of holding, comforting, engagement in conversation, in putting to bed and helping to feed.

These four themes were selected for exploration, in part, as a result of a need to organize the information generated through conversations and participation with the caregivers and to provide shape or form to the meaning of these experiences. They were also selected in an attempt to identify essential commonalties in the descriptions of experience provided by the participants. The themes are the result of my own interpretive judgement that they do provide a legitimate way in which to explore what seems to be most compellingly present in the experiences of the caregivers. The four themes presented are described by Van Manen (1990) as "four existentials that may prove especially

helpful as guides for reflection in the research process" (p.101) and, "are productive categories for the process of phenomenological question posing, reflecting and writing" (p.102).

Since they are considered to belong "to the fundamental structure of the lifeworld" (Van Manen, 1990, p.102) and are frequent topics for hermeneutic inquiry (Merleau-Ponty, 1979; Gadamer, 1975), their separation in the ensuing discussion may be problematic in its artificiality. While it is possible to distinguish one theme from another, they are in fact, not separable but intertwined and interconnected to form the wholeness of our experience of being in the world. A comparison from the field of psychology may make this caution clearer. In the study of child development, books and university courses are often themed into areas of social, emotional, physical, cognitive and spiritual development. These themes assist in organizing material for presentation, but are both artificial and unreal when we consider the wholeness of being a child. The themes which are presented in this study, therefore, point to my attempts to "engage in the reflective activity of textual labour" (Van Manen, 1990, p.78) and to describe the phenomenon of caring for other people's children in terms of "meaning units, structures of meaning, or themes" which "may be understood as the structures of experience" (p.79).

Summary

This chapter attempted to outline, for the reader, the process of this study. It described various influences that shaped its evolution and detailed the methodology used for collecting and interpreting data.

Chapter 4

PRIMARY PARTICIPANTS

At the heart of this study are stories of four child caregivers who shared with me their practices as caregivers and their reflections on their journeys to the present moment and beyond. The following few pages give only thumb-nail sketches of the backgrounds and situations of each woman and do scant justice to the varied and complex worlds in which they live. Autobiographies of the lives of these caregivers may provide other valuable information but it was not the intent of this study. Because stories were shared, and because what is recorded here has been selected by these four women and myself, I have included information from my own life. No one of the five participants in this study would claim or wish to be viewed as value free. We all held and continue to hold various opinions that shape the way we think and act and the particular stories we tell. What has been included in the few pages following, therefore, is intended to help the reader in situating and putting into perspective the remainder of the study. The caregivers of this study are Helen LaCroix, who works with three and four year old children in a municipal day care centre; Fiona Boldero, who works with infants and toddlers in a rural child care centre; Jennifer Williams, who works with children in her own home, as a family day home provider; and Angela Ricks, who works as a live-in nanny, caring for two children in addition to her own. Each of these names is fictitious, as are the names of the children, centres and agencies with whom they work, in order to protect their privacy. As I came to know the four caregivers, each of whom had cared for other people's children for at least one year, I also grew to respect the work they did and the opinions they held. I did not ask them to share in this

project with me because they were extraordinary caregivers in some externally apparent way. Instead, I believe them to be typical and in some ways representative of other women in caring situations.

Helen

Helen was born 36 years ago in a small farming community in southern Manitoba. At age 27 she met and married, Tom, who was raised in the same village. With their two young daughters they moved west to Alberta so that Tom could accept a position as the manager of a photography store. Helen had stayed at home with her daughters while they were very young and helped Tom to develop plans to own and operate his own catering business. When both girls were enrolled in school, Helen started to take courses at a local college. She dreamed of becoming a school teacher but opted instead to complete a diploma in child care.

> I always wanted to be a teacher. I don't know why, its not as though anyone else in our family is a teacher, they're all farmers. . . but I could always see myself doing nice fun things with little children - like singing and painting, or reading stories. I think I used to play "school" a lot with my brothers and sister when I was a child. (Helen, 03/09/91)

Although she was initially disappointed at not getting into the teacher education programme, Helen found her "home" in the early childhood development programme. She attributed much of her success in this programme to her recent experiences in raising her two young daughters and she found questions and issues raised in the programme presented challenges to her own child rearing practices and beliefs,

> I remember going home and spending hours with Tom trying to talk about how we were raising Andrea and Shirley. I think it was hard for him . . . I'm sure he thought I was in a really strange programme. Sometimes it was scary. Ideas were presented which made you think you may have messed them (the children) up completely. (Helen, 03/09/91)

Helen accepted her current position as a caregiver in a day care centre almost five years ago, while still a college student. She has worked with various age-groups of children and with many different staff. The turn-over of staff she finds particularly difficult, "Staff are hired but many of them leave again so quickly you don't have chance to get to know them, let alone become friends" (Helen, 03/09/91). At the time of the study Helen shared the responsibility for a group of three and four year old children in a large urban day care centre.

The Rainbow Room at the Happy Hours Day Care Centre is "home" to ten children, three and four years of age and to two caregivers, Helen and Julia. The room is long and narrow, about 25 by 14 feet. To the left of the door is an area for coats and boots and beyond that a bathroom with one toilet, a wash-basin at child height and another at adult height. Two walls of the room have large windows which extend almost to the floor and which overlook a grass and sand playground and a paved parking area.

Furnishings and decorations in the room give it an air of "busy-ness", even when the children are not present. Child-sized chairs and tables are freely carried and dragged around the room by the children, or are strategically placed by Helen or Julia. Shelf units are mounted on castors and frequently become the walls of castles, houses or fire-stations. The shelves are stocked

with plastic containers full of paints, scissors, pipe-cleaners and various bric-a-brac used by children and caregivers in creative endeavours, as well as with books, blocks, and toys. The children use the shelving units to create for themselves small private spaces -- secret places -- as well as areas large enough to run or build with big plastic blocks.

The space belongs to the children. The products of their creative efforts decorate doors, walls and windows. Three dimensional objects, made of modelling clay, playdough, wire and wood, and at various stages of completion, sit on window ledges and precariously on the edges of shelves. Visitors are drawn to the oblong fish tank which sits on a small oval-shaped table. It is one-quarter filled with water and provides home to three strange looking frogs with clawed feet, two newts and five goldfish.

Helen and Julia, who care for the children in this space for more than seven hours a day, five days a week, have no space that belongs only to them. They use shelves and cupboards, out of reach of the children, to store personal items and materials that might be dangerous. During working hours they have no access to adult-sized furniture and frequently sit on the corners of tables, as these provide the most appropriate and comfortable adult sitting positions.

Helen's beliefs about children are non-judgemental and generous, causing her sometimes to question whether she is sufficiently asssertive. Frequently I observed her watching or consoling children who were distressed while other caregiver's were admonishing her for not being tougher. A typical response from Helen was "She's pretty young yet. She needs someone to understand not to punish her" (Helen, 17/11/91). Although not politically active

in child care, Helen prides herself on her role as an advocate for children in her care. She sometimes subverts the system in which she works by advising parents of actions they might take, or things they might say, that would improve the care for their child. While dissatisfied with many aspects of her world of work -- pay, physical environment, supplies and many of the rules governing her practice -- she speaks enthusiastically about her children. She does not express any intention of leaving the field even though she describes herself as getting tired.

Fiona

Fiona has worked with infants and toddlers in a small rural day care centre for three years. She accepted the position immediately after graduation from a two year college diploma in Early Childhood Development. As a high school student Fiona had worked as an assistant in the centre, which is only a few kilometres from her parent's home, and this influenced her decision to return there to work. She knew several of the caregivers who worked at the centre, as well as many of the families and children who used the centre. Although it had been difficult for her to adjust to returning to her parent's home, Fiona had made that decision for financial reasons. She had outstanding debts from her days as a student and her salary in child care did not allow her to live independently.

> Two of my brothers still live at home . . . I've got my own room. . . my parents are pretty good about it all, they don't charge much rent and if I'm really broke I don't pay at all . . . I have use of a farm truck to get to work . . . it's better than nothing, which is what I would have if I wasn't here (parent's home) (Fiona 08/09/91).

Fiona is the middle child in a family of five children. She is the only daughter and the two brothers, still living at home, are several years younger than she is.

Fiona is well known in the community. Friends with whom she attended the local high school bring their children to the centre. She knows most of the families who use the centre and continues to baby-sit for them outside her time spent as a centre caregiver. When she is not caring for other people's children Fiona spends her time on her parent's farm, where she enjoys horse riding or helping her father with some of the farm tasks. She is very involved in church activities, including singing in the choir and assisting with a Sunday school class.

The Polka Dot Day Care operates in a store on the main street of a small town. The day care centre is the second unit in a five unit strip mall and has an entrance onto the main street as well as onto a paved lane at the rear of the building. The plate-glass window, decorated with paper polka dots and the centre name, allows people passing in the street to see into the entrance of the centre, with the children's coats and shoes; and it allows the children to see people passing in the street. The building extends back about 60 feet and broadens to about 25 feet immediately inside the main door.

Mid-way along the right hand wall is a windowed door opening directly into the toddler room. This room is split almost exactly in half. To the left there are six cribs, approximately three feet apart, organized in a grid pattern. The floor in the remainder of the room and to the right of the entrance is covered with a patterned orange and blue carpet. A few items of furniture, including a bean-bag chair, an assortment of large cushions, and a wooden trestle table with

built-in bench seats, are placed randomly on the carpet. A large mirror is fixed to one wall and a change-table and small wash-basin are in an alcove in one corner, which also acts as a storage area for potties and disposable diapers. Standing next to the alcove are three high-chairs and four "booster" seats. From the ceiling, which is painted pale blue, hang one home-made and two purchased mobiles. These mobiles, together with large cut-out pictures on a wall, depict characters from Walt Disney cartoons.

This room is the care-centre for eight curious and lively children ranging in age from 13 to 32 months, and for their caregivers, Fiona and Brenda. The latter spend the majority of their time either sitting on the carpet or on the cushions, or standing at the change table, attending to the toileting needs of the children. There is no adult furniture and Fiona and Brenda leave their personal possessions in a small room which doubles as the director's office and as a staff room.

Fiona views child care as a short-term job for herself. She expresses disappointment at finding herself still caring for other people's children, a job she did while still a high school student. She considers that children are well cared for by her but that many children in day care do not receive the attention and care they need. She feels strongly that caregivers are undervalued in society and that leads to poor quality child care.

Angela

Born in Aukland, New Zealand in 1966, Angela came to Alberta in response to a newspaper advertisement for a live-in nanny. One year before

she had graduated from an education degree programme and she had spent a few months in between teaching in a small private elementary school in Aukland.

A single mother with a young son, Angela had considered that her choices were limited, and she had made the decision to stay at home to care for Graham rather than to place him in the care of another person. It was by chance that she saw and responded to the advertisement, and she did so with little hope that she would be considered and without knowing where Alberta was in Canada. She was excited to receive the employment offer, as much because it allowed her to travel and to continue to care for Graham, as she was to become a nanny. The prospect of living with a Canadian family and earning money, in exchange for child care and house-keeping duties was,

> Too good to be true . . . I didn't think anyone would want a live-in bringing their own child . . . and when I spoke with Susan (the mother) I just knew it would be a good thing. She sounded as excited about me coming as I was going. (Angela. 24/09/91)

Angela's family were less convinced about the wisdom of her choice. Her father, an accountant, and her mother, who worked as a part-time secretary, had supported her through the birth and early years of Graham's childhood, but considered that she needed to continue to live near them until "she found her feet"(Angela. 24/09/91). Although there was some anguish at the time of her departure, she convinced them that this experience would be safe, worthwhile and temporary.

The house is typical of the local architecture of the 1960s. Both storeys of the house have been partially renovated and the furnishings and appliances are modern. The five rooms on the ground floor consist of a kitchen, dining room, sitting room, study, and bathroom which doubles as a laundry room. Immediately inside the side entrance there is a wooden stairway leading down to a partially finished basement and up to the second floor. The second floor contains four bedrooms and two bathrooms, with a small balcony overlooking the front door entrance. The three children have free access to all areas of the house, except for the study. They also spend time playing on a wooden deck, immediately outside the kitchen, and under a carport that adjoins the side of the house.

Teddy bears, toy trains and trucks, dolls, child sized chairs, and a smattering of crayons, scissors, and original child art give testimony to the active presence of three young children. The basement, largely unfinished, and with a concrete floor, provides the "large motor" space and is equipped with tricycles, pedal cars, large wooden and plastic blocks, cardboard boxes, and a turtle-shaped wading pool filled with sand. All areas of the house indicate shared use. Each bathroom has a booster seat and a potty, in addition to plastic frogs, ducks and boats lying in or on the edge of the bath or washbasin. The sitting room has a toy box in one corner and books on the lower shelves are intended for use by the children. The television is hooked to an electronic game. The kitchen has an island with stools for adult use and a small table with brightly painted chairs for the children. Angela shares a bedroom with Graham on the second floor and uses all areas of the house throughout the day.

Angela believes that non-parental child care is not a good option for parents. Her decision to look after her own son rather than continue to work was congruent with her beliefs. Perhaps her overiding position regarding child care was in her emphasis on social skills. She believed that children, her own and others, should be encouraged and taught various social graces as early as possible. It was normal to see and hear her insisting on "please" or "thank you" before allowing one of the children to continue. She explained this belief as part of not spoiling children. Her reason for caring for children, as a nanny, was more connected to her desire to travel and to venture away from her family than it was to any belief in the merits of her work as a caregiver.

Jennifer

Jennifer, her husband Brian, and their two year old daughter, Emily, live in a modern duplex in the suburbs of a large city. Two years ago Jennifer contracted with a local Family Day Home agency to provide care for children in her own house. Since that time she has cared for nine children from seven families. At present Trevor and Brian, three and five years of age respectively, are dropped off by their father on his way to work at 8.20 am and picked up by either him or their mother at 4.00 pm. Suzie, also three years of age, arrives at 9.00 am and usually leaves a few minutes after 6.00 pm.

After completing high school Jennifer worked at several short term jobs before she enrolled in a local college programme. She has not completed any particular qualification but has taken courses in early childhood, business management and music. Her reasons for taking other people's children into her home are varied. She speaks of a personal desire to stay at home and care for

Emily, but "It's what I expected to do. It's how I was raised, with my mom at home until I was about fifteen. But Brian's job is not that secure and he doesn't have very good benefits so we needed the money" (Jennifer 03/ 10/ 91).

The children in Jennifer's care are young and spend most of their day close to her. Consequently the busy-ness of the house is immediately apparent. Toys, crayons, tricycles and blocks are to be found throughout the kitchen, the living room and Emily's bedroom. Children play on the kitchen floor and table and have free access to all areas except the master bedroom. The basement is used for more active play - running, playing with balls and building with blocks. Jennifer takes all the children into the basement for games and large motor activities.

Jennifer thoroughly enjoys her job as a family day home provider. It allows her to be at home, to be with her own daughter and to contribute financially to the family. Her enthusiasm is seen in the additional work and preparation she puts into her child care. She made many requests of me to help her identify books, materials or ideas for the children. She maintained close and personal relationships with parents and spoke openly about her satisfaction with her work. Her complaints, rarely voiced, were concerned with government regulations that limited the number of children she could care for and the record keeping she was required to do. Although Jennifer speaks of returning to work when Emily enters school I left wondering if anything else could satisfy Jennifer. She always seemed so enthusiastic. Of the four participants I considered Jennifer to be the most likely to continue in the field although I could anticipate that staying at home may not provide sufficient challenge or stimulation for her.

Malcolm

One of the more difficult aspects of this study has been to understand and describe my role as the researcher. From the time I conceived the research question I have discussed my role with colleagues, advisers, and other researchers; immersed myself in reading, mostly from autobiographical literature and from feminist perspectives on care and nurturing; talked informally with child caregivers and parents; and observed children, their caregivers and parents in various settings. A challenge that has remained throughout has been to identify and make sense of my own biases, perceptions and motivations and to estimate the impact these may have on all facets of the study.

I approached the task of researcher by asking myself questions similar to those I asked the caregiver participants. Attempting to understand who I am as a caregiver educator, how I view my work, how I construct the relationship of my personal beliefs to my practices with children and adults and how I came to be the caregiver educator I am. I faced many of the same dilemmas as the participant caregivers with regard to private and personal disclosure, personal honesty, selective recall, and interpretation of experience.

> One of the assignments that I provide for students, in the caregiver preparation programme, involves them in using a video camera to record incidents in the lives of children in supplemental care settings. Decisions made by students, including what incidents to record, where to record, who to involve, what to edit, and how to interpret what has been filmed, are shaped by a myriad of personal factors. In similar vein, the reader may be helped in her or his understanding of the following text

> by knowing something of the life story of the researcher, through whose understanding it has been written. (Malcolm, 17/ 03/ 92)

For the past 20 years much of my employed work has been with young children, their families and social systems of support. My professional roles include school teacher, social worker, administrator and consultant. For the past 10 years I have worked in an early childhood development programme, helping mostly young women prepare to work with young children; and with an early intervention programme aimed at assisting families which include young children at risk for future development.

As an adjunct to my paid work I have considered myself to be an activist in matters related to the well-being of children and families. This has included advocating for improvements in service delivery, government policy and funding; representing associations of like-minded people at local, provincial and federal levels; sitting on various advisory boards and committees; and direct involvement in the creation of services for children and families.

Attempting to remain cognizant of the need for congruence between my beliefs and values towards children and care and my lived practices, I have developed many positions on child care -- many of which are held with passion. These have influenced my approach to this study, to the caregiver participants and to my construction of the text.

From a system's perspective I contend that child care is an essential, though undervalued, support for children and families. Changes in family structure, employment patterns and population mobility have altered extended

family systems and traditional parenting roles which were standard in a more agrarian and less mobile society. Non-familial supplemental care, in both formal and informal spheres, has grown explosively during the past 25 years. Unfortunately society has been reluctant to recognize or accept its role in assisting with child rearing responsibilities. This has resulted in the evolution of poorly conceived, ill-defined and ad hoc child care arrangements, the consequences of which are relatively unknown. Children and caregivers suffer in this and both are judged on the basis of being part of a devalued and sometimes chaotic system. Organized child care receives little apparent recognition among those social institutions that work with young children and families. For instance, Early Childhood Services (ECS), originally designed to incorporate programmes and support for all children from birth through age eight, has all but abandoned its interest in children under five years of age. Although demand and need for child care cuts across all family types and socioeconomic structures, political interest is generally limited to notions of welfare or to acts of political expediency.

At the level of direct care, I believe the work of caregivers to be vital and to require particular attitudes, knowledge, skills and dispositions. I look for caregivers to make informed decisions based on their knowledge of each child and on sound understanding of general principles and theories of how children learn, grow and develop. From a more personal perspective, caregivers need to be thoughtful about their practice, understand that who they are in the lives of children is similar to and yet very different from parents and school teachers. With parents they may share in the concern and delight of watching the child develop and in acting to protect and to encourage secure and stable growth. With teachers they may share in a pedagogical focus in the child, being vigilant

in their attempts to observe and act on those opportunities for increased understanding. Personal characteristics which may be important include thoughtfulness and self-awareness, ability to place a child's needs above her or his own; a willingness to be child-like and to share in the child's view of the world, including his or her curiosity, excitement and creativity; and to work with children and families in ways which are empowering for all. These personal attributes may be reflected in many ways, including active participation in the play and activities of children; providing nurturance to children, especially at times of physical routine; guiding children in their efforts to understand themselves and the world in which they live; and by demonstrations of tact and discretion in their relationships with children, families and colleagues.

These expectations are tempered when placed in the reality of the environments within which caregivers work. Typically, centre caregivers work in inadequate and inappropriate spaces and they have responsibility for the care and protection of large, heterogeneous groups of young children for varying periods of time. The solemnity of these situations is likely to be exacerbated by disparate expectations from employers, government officials and parents who bring varying degrees of knowledge, interest and involvement. Caregivers also work directly with young children for at least forty hours a week for minimum wages and few, if any, employment benefits. Together with the stresses of caring for groups of children, including involvement in many interactions with different children throughout eight or nine hour work days; and within a social milieu in which non-maternal care is regarded with such suspicion that caregivers are reluctant to publicly acknowledge the nature of their work, even survival may be difficult.

Where did these positions, attitudes and beliefs come from? What experiences, events and people in my life may have influenced who I am and how I view care of children?

To begin, I was born in a small village on the east coast of England in the week immediately following World War II. My early years were spent in the rural village surrounded by a large extended family, in addition to my own parents, older brother and sister. Almost all facets of life involved family. My parents worked in partnership with other family members in a mixed farming operation, uncle Harold was the "postman", uncle Tom and aunt Ruby delivered the milk, and cousin Gillian taught in the local primary school. With only rare exception, all members of the family were active members of the local Methodist chapel that we all attended with unswerving dedication three or four times each week. My memories are of freedom, independence and security offset by firmness and regulation, similar to those that Barbara Biber described as, "the taste and the boundary of freedom, the comfort and irritation of being controlled, the safety and threat of being known" (1977, p.8).

Following the premature death of my mother and the onset of permanent illness in my father, life changed dramatically. I was bundled off to a rigorous and militaristic boarding school, where I spent the remainder of my childhood and most of my adolescence. School vacations were usually spent living in the homes of relatives and, after her marriage, in the home of my older sister. The jolt of this premature disillusionment was painful. I moved from a life of inclusion and caring within a large and close family to one of separation and aloneness; from discovery, freedom and concern to one of confinement, rules and distance; and from privacy and cooperation to a life of competition and

collectivism. My eventual decision to work with families and young children may have its roots in these early experiences.

From my years of teacher training I have little recollection of methods courses, basic psychology or sociology. My most vivid memories are of opportunities to create from wood and clay, to attend theatre and to sit in coffee and public houses solving worldly and other-worldly problems! My first teaching position was in the dockland of east London. It was here, among the "cockney" children with their spontaneous humour, sense of loyalty and community, that I learned about myself as a teacher and about children. My career as a school teacher spanned 11 years and included working with children with disabilities who were 2 or 3 years of age to working with children completing matriculation requirements to enter university at age 17 and 18.

Summary

It is from these perspectives that the four child caregivers and myself attempt to describe and interpret experiences with other people's children. Making sense of all that I saw and heard through these caregivers goes beyond the particular descriptions and interpretations. Simply being involved in the study was energizing. Opportunities to discuss our work created a sense of being valued and respected. I found that talking with the caregivers and sharing in their lives, albeit for a brief period, often resonated with my own experiences as a child, parent, teacher and caregiver. I trust that the chapters that follow will provide insight and possible understanding to others and that it will resonate with them.

Chapter 5

LIVED TIME

Child care is bounded by institutional time. Day care centres open around seven a.m. and close at six p.m. The day is typically divided into time-bounded segments: the morning for arrival, play, field trips, and other adult directed activities; the afternoon for naps, outdoor play and farewells. While children may not understand or organize their lives by institutional time, their lives are deeply affected by it. The times their parents work determines the length of their day in child care and the hours that caregivers work result in the development of particular relationships. Caregivers live by clock time, attempting to fit a child's sequence into each day's constraints of time.

But the day to day, minute to minute organization of child care does not fully address time as it is experienced by children and caregivers. There is a sense in which time, as lived, is experienced differently from clock time. For example, when Angela speaks of "today (Wednesday) feels like Monday," she has an image of her Wednesday experience that is related to time. It is concerned with many things. She speaks of Monday as being a particularly difficult day because children are returning to the routine of daycare. Many of the children struggle again with separation from parents, for others they return to daycare tired and hungry. For caregivers it may be a difficult day, when time is spent in reassuring, reconnecting and reestablishing relationships. To speak of Wednesday seeming like Monday refers to these experiences and to how time and atmosphere are particular to situations. Caregivers experience time

caring for other people's children in various ways. The following represent some of these experiences as expressed by the four research participants.

Temporary care

> My biggest frustration is not being able to do enough. They are only here such a short time and I know all these other things about them and all these things I want to do for them . . . there just isn't enough time to meet the needs you can see need to be met. (Jennifer 14/ 11/ 91)

When I think of caring for an other, especially in the context of a relationship such as friendship, parent and child or brother and sister, I think of it as ongoing and continuous. I plan for things we might do together in the future and we watch each other grow and develop. Parents, looking at their young child may wonder who the child will become, what work he or she will do, who will be her or his friends; and they may consider how their caring, nurturing role will change as their child grows and develops. Similarly a friend may think of what can be done to support her or his friend throughout life and may plan for the maintenance of the friendship.

At other times I may act out of concern for a person with whom I have no established relationship. Who would not attempt to comfort a child distressed by losing sight of parents in a large department store, or an elderly man or woman injured in a car accident? This feeling of concern for those who are in trouble, hurt, afraid or vulnerable, will usually motivate a person to action. But while the concern is there, within me, it is brought to action only by particular situations which draw from me an empathy, an understanding of the need for help of the other and a recognition of the ability to help within myself. It matters to me that the person is in need and I believe that I can remove or share in that need through some action. Tomorrow, however, I may have forgotten that I

helped a child to locate his or her mother, and I may never have known the child's name. Such action, based on concern for the well-being of another, is fundamentally different from a caring relationship established over time and through processes of trust, commitment and knowledge.

Adults caring for other people's children may develop relations with children characteristic of friendship or of parent and child. As Jennifer implores, "I know all these other things about them and all these things I want to do for them"(Jennifer, 17/03/92). Helen describes one of the children, "He is just such a happy-go-lucky little boy and I just adore him" (Helen, 03/ 01/ 92). It is apparent in the account of diaper changing as reconstructed by Angela:

> I try to talk softly and play gently when I change him. I think it's important for babies to get a good idea of their bodies. I always change my children thinking about how I would want to be handled if the roles were reversed. (Angela 11/ 10/ 91)

These four caregivers know the children in their care, listen to each child with genuine attentiveness, play with them selflessly, and worry over them when they are hurt or afraid.

At the end of a day a child may cling to the caregiver or run and hide from the parent who has come to take her or him home. During the day a child, forgetting, or being 'at home' with where she or he is, may call a caregiver 'mom' or 'aunt' or another familiar term. Fiona relayed the experience of Darren's mother. "At 2.30 she went to cover him up in bed. As she straightened the blankets he said 'Thank you Fiona'. " The tears rolled down the mother's face even as she recounted the incident to Fiona. Fiona

commented afterwards that she felt, "really guilty that mom is upset. I want them to be close to me and I want to provide stability for them if that's what they need; but I wouldn't ever want them to think I want to take the parent's place." Similarly, Emily, sitting on Jennifer's knee and listening to a story suddenly blurted out, "I want you to be my mommy."

Children know their caregivers by name, sometimes shortening it to a more familiar term, so that Angela became Angie and Jennifer was Jen or Jenny. Children two or three or four years of age do not refer to their caregivers as teacher, babysitter, caregiver, Miss Smith or Mrs. Brown. The comfort of being together and sharing time and space each day is compelling. Children invoke belonging and caregivers respond by providing protection and attentiveness.

> But at four o' clock father arrives. His face beams as he sees Margo busily blowing paint through a straw or dressing a doll. She squeals excitedly as she recognizes his presence. They greet each other and he holds her high against his face. She, at least momentarily, is caught up in the rush of the greeting and chuckles and laughs, and tells him something that he doesn't really hear. He talks to her, rhetorically asking about her day, telling her she has paint on her face, and that they must hurry home. Fiona stands to one side, busying herself with another child; only occasionally glancing at the reunion. Eventually she walks over, smiles, places one hand on Margo's back and tells the father about their trip to the park. She knows much more than she can say. Should she tell him that Margo went down the slide by herself for the first time? That she fought with Giles over a blue crayon and that she bit him on the arm? Or that she became distressed during the afternoon for no apparent reason? What would he hear if she did tell him? Margo and father leave, grabbing coats and boots on the way. Margo runs along the hallway. Father, happy in the knowledge that they belong together, half-heartedly

> tells her to wait for him. Fiona has no time to see this or to think about Margo or her father; the other children are demanding her presence again. It is only later, on the way home or sitting in the staff room with equally saturated colleagues, that the experiences of temporary or transitional relationships spill into her mind. (Malcolm, Thoughts based on observation, 14/11/91)

> Sometimes I just feel so tired! Its such a never ending task that goes beyond the care of children . . . the rapid turnover of families makes it feel like the same issues are battled over and over with little movement . . . You always feel you can make a difference. I've had children in my care that , in hindsight, you think he ruined it for all of us -- for the ten other children and the caregiver. I enjoyed the part of the day most from when he went home to closing. More than seven hours he was there. You keep trying. "It's better that he's here than at home", I keep saying. You do everything that is supposed to work. . . . Maybe we make a difference. . . . Mostly you don't see it or the child doesn't come near as far as you'd like. (Fiona 03/ 11/ 91)

The four caregivers know the children temporarily and only for a brief period of unfixed time. On occasion they participate in, or are witness to, a child's attainment of a major developmental milestone or the acquisition of a new skill. Jennifer described Suzie as, "A cute little thing. . . . she's been coming here for nearly a year now. I've toilet trained her and watched her learn to walk and talk" (Jennifer 20/ 03/ 92). For the most part, however, they are involved in the life of a child for a few hours daily and for a few months during the early years of life. It is unlikely that the children will remember very much about their time together. The transitory nature of such a relationship is a concern to these caregivers. Helen described the effects of the sudden withdrawal of a child from her care:

> Well as his caregiver I was never told. I was never told that the child was leaving. . . the child wasn't told! It was such a sad day for me and,I mean, it must have been hard. Children need to say goodbye -- need to have some pre-empting of what's going to happen in their lives, and caregivers do too. We don't value how a child -- how attached we get to these children and we don't realize the sadness and loss caregivers go through. It wasn't a good moment. (Helen 11/ 09/ 91)

Attachments that develop between caregiver and child may be severed by any number of events. Parents may remove the child from care, for one of a myriad of reasons, and without forewarning the caregiver; the child may be moved to another room for administrative purposes, a common occurrence for children when they have birthdays; or a caregiver may be moved to care for a different group of children. A powerful example of this is contained in the experience of Fiona:

> I started in the baby room . . . I then moved to the toddler room for a short period of time. That was quite an enjoyable experience except that lots of occasions our world would just jump crazily up without us caregivers never knowing who was coming or why it happened. I was there for two or three months then moved downstairs. I worked alone and had 13 children and I just loved that room . . . the children and I and the parents had one very strong relationship. One day I went home for the weekend, of course, and when I came back administration had seen it in their wisdom to change the whole centre. I had not been contacted, the parents didn't know, nor did my children. I was moved back upstairs . . . my children were all split up. To this day I have felt absolutely sad at the loss the children experienced . . . and the only reason for the change was they decided the infant room should move downstairs, but no concept whatsoever in talking to the caregiver and sorting out the problem and seeing how it would be for her and the children . . . these children's feelings weren't even acknowledged, nor were mine . . . so upstairs I

moved to where I had a room with threes, fours and fives. (Fiona 05/ 03/ 92)

At other times, the boundaries of concern and relationship implicit in the time constraints may be considered an advantage. At the end of a particularly hectic day Fiona remarked, "Thank God today's over and they all have somewhere else to go" (Fiona 07/ 11/ 91), and Angela found that being with children, "all day every day is a bit trying . . . its a bit like living in a noisy box" (Angela 14/ 02/ 92).

What is this experience of caregivers so bounded by uncertain time? How does a caregiver think about and plan for the maintenance of a relationship of mutual caring which may be finished next year or in ten minutes? How does she regard each child's invitation to be a "mommy" or a "friend"? How attached can she become and how close can she permit the children to venture?

Planned time and spontaneous time

A striking characteristic of the language of each caregiver is the similarity with which they describe, or at least name, the daily time schedules. The day for each child and, therefore, for each caregiver, is framed by "drop-off" or "sign-in" time, and "pick-up", "sign-out" or "time to go home" time. Within these boundaries the day is variously described in terms of time for "play", "circle", "story", "snack", "clean-up", "lunch", and "nap". While the majority of children cannot "tell time" by referring to a clock, they all have a sense of the order of the day as it occurs in these various time frames. For instance, "nap-time" for most children occurs fairly soon after "lunch-time" and is normally preceded by

"cleaning teeth and hands- time" and "story-time", and is accompanied by soothing background music. The children know that all other activities are subordinated to this particular use of time and they adjust to a general slowing down period. For the four caregivers nap-time provides some respite from the incessant demands of the children and allows them both to relax and to spend time as adults.

Balancing planned time and spontaneous time is a source of anxiety for caregivers. As Jennifer explained it:

> I often feel guilty because I simply don't have enough hours to put into everything I would like to. I do put in a long number of hours but there are so many things that could be done from observing to scrubbing toys and making flannel stories. Then sometimes I plan something really good, that I think the kids will love, and nobody's interested or it just gets wrecked . . . then you think 'Oh damn! Why bother? Just go with the flow.' (Jennifer 19/ 03/ 92)

This sentiment is reflected in comments made by Fiona:

> You feel so good when something you prepare works out -- like making cookies or building something with old cardboard boxes . . . everything works smoothly and its exciting . . . but then there are days it doesn't work. Like last week when I wanted to take them to the mall and Trevor just refused to go and then cried all the time we were there. Sometimes one of the children brings in something and then I just try to pick up on that; that feels great too. (Fiona 03/ 12/ 91)

Much of the time of a caregiver is spent responding to, or initiating, more spontaneous events. Children's play leaps from one area of interest to another, sometimes causing conflict between children and sometimes creating

new demands on the caregiver to provide personal involvement in play or additional materials.

> Jennifer was sitting on the floor reading a story to Hana and Carmen, who were sitting on her lap. Joshua and Karlee, not far away, were climbing and sliding on a indoor play structure. Joshua started to cry, he was stuck under the slide. Jennifer tried talking to him without moving but had to slide the others off her lap and go over to the slide to help him. She returned to read the book to find that Hana had tired of that story and selected another. Carmen retrieved the original book and a minor conflict evolved. (Observation, 14/11/91)

> I think being prepared for anything is more important than having plans. What's that saying, "The best laid plans . . . ?" I find I'm busy all day just responding to the demands, playing or reading a story, helping to sort out a problem. Of course I need to have plans -- like going for a walk and so on but the minute to minute life is different. (Fiona, 09/02/92)

Unbusy time

> I didn't notice Helen when I entered the room. The children were engaged in different activities -- blocks, dolls, paints, the tape recorder, and the dress-up clothes were all in use. I sat on the floor where Brad, Mark and Emily were crashing cars down ramps they had constructed from wooden blocks and strips of cardboard. We talked about their play and I asked Brad, 'Where's Helen?" "She's over there", he replied, waving his hand towards the far end of the room. Helen was kneeling on the floor, with her back to me, busily cutting and stapling strips of colored paper to make 'grass skirts' for three children who were waiting impatiently for the essential 'prop' to their play. (Observation 02/ 10/ 91)

The room had an air of contentment. The children were engaged, busy and immersed with each other and with their play. The only person to whom busy-ness appeared urgent was Helen. Later that day she described the event:

> These girls were going on holiday; before you came they'd been camping. Then they had this idea to go to the beach. One of them, Jean I think, had been somewhere exotic for a holiday. So they wanted to dress for the beach. They came and asked me to make some grass skirts and the things you put on your head. I was trying to get them made as fast as I could because they'd been so involved in their play. (Helen 02/ 10/ 91)

Caring for another involves a commitment of time to watch the other grow and develop. It does not involve forcing or cajoling the other to proceed at a pace or in a direction which is determined by the one-caring. Helen entered into the world of the children, bringing a belongingness and a comfort to the children which became the atmosphere of the room -- an atmosphere of child busy-ness. She adjusted her pace to that of the children, attempting to stay in tune with their needs and interests. When she played with Brad, Mark and Emily she sprawled on the floor alongside them, took turns at pushing cars, building bridges and having 'crashes'; suggested ideas for them to consider and followed their ideas; she imitated their actions and appeared as engaged as the children. She suspended her own sense of time and reality and became another player in the present. In the making of grass skirts, Helen stepped temporarily outside the world of children and became, for a few minutes, an adult working in adult time, building a bridge between their past and future play experiences. A similar experience was observed and commented on by Fiona:

> As we walked, the children held hands, sometimes straining to kick the snow piled at the edge of the sidewalk or running their free gloved hand along the side of a parked car. We chatted about the everyday things we saw -- the trees, cars, yapping dogs; and did -- the difficulty of pushing the stroller in the snow, their accounts of Hallowe'en, the tracks we left in the snow. The children put aside the purpose of the walk (to play at the park) and there was a sense of a time together which was different from the hustle and bustle of life in the house. They were reminded of why they were walking only when we rounded a corner and saw the swings and climbing frame. The pace changed. Children 'broke' hands and raced to be the 'first' to swing or slide. The conversational chatter ceased and changed to excited shouts aimed at everyone and no-one -- "me swing", "Gimme a push", "I'm going down the pole". (Thoughts on an observation 04/ 11/ 91)

Later, Fiona talked about this experience:

> Getting them ready to go out can be hard work. It always seems as if someone doesn't want to go and then you have to do everything for them -- put on their boots, hat, mitts etc. and at the same time try to persuade them that they want to go, or that they'll have a good time. It's really worth it when you get out, so long as I remember not to rush . . . there's usually no need to hurry. Today was a good day. I'm always worried someone will run on the road or fall off a swing or something. . . . They need to get out even in the winter, but it is a lot of work. (Fiona 04/11/91)

Stepping out of adult time and entering the child's world of the present, however, creates tension for these caregivers. Fiona watches the children and protects them at the same time as entering their world. The 'stroll' to the park could only be that because Fiona is vigilant in her preparations and in her watchfulness. She is conscious of the need to step back and forth in time; to hurry to dress children to go out so that the walk can take place at the child's pace. But she also knows that if she hurries impatiently with the children that

will destroy their rhythm and comfortableness. How does she balance the needs of adult time and child time without causing confusion in the child?

Everydayness

Caring for young children involves elements of repetitive, routine servicing of basic functions, including toileting, feeding, and cleaning. For parents involved in these there is promise of the child's eventual transition to independence. Oakley (1974) described this in a comparison of housework with child rearing,

> The servicing function is basic to housework; children are people. Child-care is 'productive'; housework is not. Housework has short-term and repetitive goals; the house is cleaned today and again tomorrow and so on . . . for . . . twenty years ahead. Motherhood has a single, long-term goal, which can be described as the mother's own eventual unemployment. A 'successful' mother brings up her children to do without her. (p. 166 - 167)

For a caregiver, however, eventual unemployment because a child has attained independence, cannot be the goal. Whatever the child's level of independence he or she may not continue to be the subject of the caregiver's care. When a child moves toward another stage in his or her striving for independence, either by reaching a particular developmental bench-mark or another birthday, she or he may be replaced by another who is more dependent, and the cycle of care begins again. Jennifer described this as: "Our jobs are never done. Evolving, emerging . . . and there is no end point. Not like an engineer or scientist who finishes a project" (Jennifer 17/ 10/ 91). On another occasion she compared life as a caregiver to that of being a mother:

> Child care work is very much like being at home where you repeat things, repeat things, repeat things . . . especially in clean-up and running the place; the actual physical things. It can become a very tiring and ongoing job and no matter how much you teach the children to clean up it is just like being a mother at home, except here you have to keep starting all over again. (Jennifer 03/ 02/ 92)

Child care contains all the everyday ingredients typically associated with being at home. For these four caregivers a majority of their time was spent in addressing, thinking and completing these tasks. The routine and repitition provided a framework to the day for both the children and the caregivers. This experience was difficult for the caregivers because, as Jennifer pointed out, there is no apparent end point and little time in which to look at the child, recognize his or her progress and enjoy a sense of accomplishment.

Rhythm

Caring involves giving time to the other. If I claim to care for my friend but spend no time with her or him, communicating with, or thinking about, her or him, my claim to care would be suspect. Friends enjoy each other's company. They may choose to spend time together, whether in washing a car on Sunday morning or in exploring Paris for three months, because all experience is made richer and more alive by the presence of the other. A mother, leaving her child in the care of another, hurries to pick him or her up at the end of a day, having spent time wondering about his or her well-being during their time apart, and may appear anxious or even nervous at their reunion.

The mother who wakes her child in the morning, spends her day playing with him or her, providing and tending to his or her every need and including the child in her most intimate world, is relieved when he or she falls asleep after lunch or when grandparents arrive and take him or her to the local park. She may choose to spend that time"recharging" her energies through rest, through the company of other adults, or by engaging in 'adult' tasks. The child, too, may be content to separate from mother. He or she may explore the world of the crib and toys, watch the shadows on his or her bedroom wall, and converse with himself or herself about a real or imagined world. When mother and child are reunited they delight again in each other. Mother looks carefully and expectantly at the child, deciding if he or she looks tired, clean, or hungry. The child wants to be held and carried, clutching tightly to mother's body, and telling her about their time apart. Similarly, when friends have been separated, they anticipate reunion and greet each other with a renewed energy. The moment of reunion may be embarrassing in its fullness, as each friend returns to the other with a revitalized desire to share time and to care for the other. Times of separation, sometimes difficult for the child and mother and for friends, are necessary for reunion and for the maintenance of vitality or 'aliveness' of the relationships. At the time of separateness the one-caring and the one cared-for reconstruct and replenish their care. It is at these times, standing outside their caring roles, that each can reflect on how they have responded to the needs of the other and of how they might continue to care in the future.

What of the rhythms of care as experienced by adults caring for other people's children? Helen speaks of the importance of having time and space apart from the children: "It's (the staff-room) a place for staff to be staff -- um -- staff really need somewhere to let their hair down, to do some crying, some

laughing, and some complaining"(Helen, 02/11/91). She also spoke of understanding the children sufficiently in order to decide when to play active roles and when to be passive:

> If you've had the children in the room for a while, you have a sense of trust with them . . . you have a sense of what they need and you get to know -- you know right away when they need -- when they're down and when they're up, and so you know when to be there and when its okay to lay back. But all the time there's new children coming that you're trying to sort out and understand. (Helen 14/ 11/ 91)

Opportunity for replenishment is emphasized by Fiona, as she discusses how she copes with the stresses of the job and takes time to care for herself:

> I believe people have to take time to regain balance in their lives. I know that I'm a bit of a loner and that after working all week with people I need to spend time on my own. If I go for a long period of time without this time alone I get cranky and miserable, which then affects my relationships with children . . . we seem to have real difficulties believing in the need to care for self . . . and it has strong implications in caring for others. (Fiona 09/ 01/92)

Recognition of the need to step back, reflect, replenish and reunite relationships of care, however, is not sufficient to ensure that it occurs. Angela pointed to the difficulty of maintaining meaningful relationships: "We try to fill in here to make life more complete for the kids but sometimes I say, 'What am I trying to do?' 'I can't do this for all kids'" (Angela, 14/ 04/ 92). The repetitive and incessant demands of the job, whether in a centre or at home, make self-care or reflective opportunities rare. "Caring's not a job, there's more personal, more emotion. You get attached to the child. You go into this and this and this and you need to get away sometimes -- even just to get to the bathroom" (Helen 14/

04/92)). The tension created by the lack of opportunity to step back and to establish or control the rhythms necessary for the maintenance of caring relationships was recognized by all of the caregivers. The desperateness of the situation was referred to by Angela, "I think you have to work under the premise that you do your best, even if it isn't always possible to do it as well as the children need" (Angela 09/11/91)), Fiona says

> You need to give it your all, as much as you can. When you get to feeling, "Oh God! I have to do this again" and you don't sincerely want to be there then you need to choose something else to do or maybe you just need a break. I believe you have to really want to be there. (Fiona 23/ 01/92)

Helen and Fiona commented on the support received from others and how that assisted in their quest for a sense of accomplishment. Helen insisted that it was more useful to associate with people removed from the everydayness of child care:

> You just want to go home at the end of the day. You just want to forget about it, so you don't want to try to associate with the same people because you end up talking about your work and it brings back all the tension and guilt. (Helen 17/ 02/92)

During a consequent conversation she described another reason for choosing not to associate with her co-workers:

> When we get together, over lunch or coffee, we're never very positive about what we do. Its always the others -- the things we're not doing. We very rarely say, "I've had a good day", or, "I did that well." (Helen, 23/ 02/92)

Fiona had another perspective. She valued the association with others who understood her predicament, at the same time understanding something of the difficulty of the job:

> My family is very supportive of me. I think sometimes that they have to be, because I go home grumpy and tired. I talk to other caregivers and learn you can say, "This is what happened. This is what I did. What do you think?" It's because we care that we feel guilty, because we can't fully care. (Fiona 11/ 03/92)

Summary

How does the one caring experience time in caring for other people's children? This chapter has used the stories and accounts of caregivers to describe and illustrate how the experience of time may impact on the adult as one-caring. Five major themes emerged from their stories and affected their lives as ones-caring. A significant concern for caregivers was in the temporariness of their relationships. Many accounts were given of children or caregivers moving, or being moved, from relationships, often with little advanced notice or opportunity to close the relationship in a positive or helpful manner. Temporariness represents a part of the struggle as caregivers attempt to identify their relationship with children and families. It conflicts with notions of caring, as in family or friendship, which are based on continuity and yet children demand a closeness that is more akin to parenting, based on trust, dependence and affection. The caregiver's experience of planned and everydayness time appear to contrast with an image of child caregivers as teachers. Spontaneity and repetition, although not always in the sense of habitual repeating, are key experiences in the work of child care. The demands of young children, moving from one interest to the next and at the same time requiring basic care and

maintenance, demonstrate probable difference from the experience of teachers working with children in school settings. As caregivers struggle with the tasks of meeting the needs of the children in their care, they are aware of the need to develop relationships that are secure and inclusive. Their experiences as recounted show how difficult that may be.

Chapter 6

LIVED SPACE

As with lived time, lived space refers to those experiences of being in space, regardless of its mathematical dimensions or design. We may think of it as felt space and it may be concerned with atmosphere, the difference between entering a great cathedral and a supermarket, or with the difference between private and public space. Some of the experience may be affected by age. Returning to the village of my childhood some fifteen years later I was astonished at the smallness of the church hall and the village school. My recollection was of buildings large, grand and awe-inspiring. We speak in terms of space even though our intent is to describe something other than physical dimension. For instance, we talk of "being at home" as a sense of comfortableness and security and realizing that it is not confined to being in a house or apartment. I may also value a sense of home as a place and express sorrow for those who are homeless.

Private and public space

Taking care of another, as in the task of feeding, washing, toileting or protecting, is normally considered an act of privacy. Hilary Graham (1983) writes that such acts "tend to be associated not only with women, but with those private places where intimate relations are found" (p.16). Possibly our most powerful image of care, especially when we are concerned with young children, is associated with home. It is in the physical space we call home that parents devote time, space and themselves to the well-being of their children. It is at home that laughter and joy may be freely displayed, tears may flow, comfort and

support are openly sought and given. This portrait of home, however, may be romantic rather than real. Sheila Neysmith (1991) suggests that the image of home has been idealized as a :

> Conflict-free private domain where emotional and physical needs are tended to. Supposedly, once one enters the home, tranquility replaces the strife of the outside world; consensus is achieved on important family goals; equality exists in the pursuit of these goals by family members. Substantial empirical evidence supports other realities of family life. However, it remains the ideal against which all other forms of meeting emotional and physical needs of people are compared -- and usually judged inferior without even the benefit of a trial. (p. 285)

The caregivers hold an image of home in their work. Helen describes caring as:

> Providing space . . . nurturing environments, suitable space . . . fresh air -- all that stuff's important. A balance to their environment. A setting like home as opposed to a classroom setting. (Helen, 11/09/91)

Angela refers to the 'comfortableness of being at home' and the 'familiarity' of the surroundings. Jennifer spoke of the benefits of being at home as including an atmosphere 'more like a regular family' and that 'the children can do almost anything and not have to worry about other children'. (Jennifer, 17/03/92)

In many respects child care spaces are already home-like. They are places where children are taken care of: babies are fed and diapered; lost mittens are sought; drinks of water and juice are requested and fetched; and band-aids are put on real and imagined wounds. The adults, their caregivers, engage in the exhaustive emotional work of attempting to meet the needs of

others; lobby on their behalf; and provide safe spaces within which the children may live and grow.

The physical space within which they work, however, is a room very like a school classroom. It bears little resemblance to the physical space of home in which these children and caregivers live. It is furnished functionally. Shelves, tables, chairs and rugs are selected for their robustness rather than because they offer aesthetic pleasure. The rooms are arranged, although not designed, for groups of children of a particular age. Their arrangement is not intended for adults and children to live together but for children to engage in particular activities considered suitable for children. They are child-scale worlds of bright rooms, tiny furniture and brilliantly colored "educational" toys. Adults live in these spaces in a child-like way, rarely engaging in adult activities other than those directly associated with the care and provision for children. The rooms are community places, shared by five or ten or even twenty others of similar age, with few spaces to be hidden, secret or private.

The four caregivers create their own space to work, decorating and arranging the room in which they work to reflect what they believe important. The space, however, is not their own. They share the space with others (caregivers, parents and children). As Fiona describes it:

> I feel like I'm in a goldfish bowl. Everything I do and say is being critiqued by someone. It seems as though you can't even talk around a corner with a co-worker because someone is there. (Fiona, 11/04/92)

And as Helen, in her comparison of child care and school teaching states:

> It's different from schools. There they only rarely see parents -- perhaps once in a while a parent volunteer is in the room but mostly -- even those parents who take their children to school -- just drop them off at the door and drive away. Most contact with parents is formal, by invitation only and usually when the children are not around. In day care parents are in the room every day, at least twice. Some of them tell you directly what they like and don't like about what is going on or about how you have things organized. It is an added stress -- even though I think it's great that parents are so involved. (Helen, 13/05/91)

Or, as in a later conversation, she describes working in the space in the following way:

> It's kind of like a marriage, working with another person for seven or eight hours a day, except you are forced together, rather than selecting each other, and you don't have the same commitment to each other or to the children as you would in a marriage. You are lucky if you can make it work. It's the toughest part of the job. (Helen, 27/05/91)

Private moments with children are available only occasionally -- perhaps at nap time just before the child falls asleep, or reading a story quietly at the end of a day. More typically, chidren struggle to find private space and caregivers learn to deal with constant interruption and with working always in public. Such caring contrasts with intimate caring relationships such as those found in friendship and parent and child relationships for whom time spent privately is so important. It is at such private times that confidences are established, relationships deepened and knowledge of self and other is gained.

In Place

I am "in place" in the world by having my life ordered by inclusive caring. This, suggests Mayeroff (1971, p.54), is in contrast with being "out of place" trying to escape from the "wrong place", seeking "one's place", and indifference and insensitivity to "place". I may be in place because I relate to others in a caring way. Being in place is considered an experience of fulfillment. According to Bishop and Scudder (1990), these are, "those (experiences) in which care is experienced as personal moral care which subsumes professional care and/ or direct care" (p. 93).

When asked to recount a story that best portrayed the experience of "being most fulfilled as a child caregiver", the four caregivers consistently focused on their personal caring relationships with children or their parents, rather than on any technical achievements or teaching accomplishments.

> Jason was two years old at the time. He was the kind of child who didn't take easily to anyone new. About one month into my job Jason became very attached to me. I came to his level and did what he wanted me to do -- play trucks, read stories, sing songs et cetera. He would always come up to me and say, "Auntie, push me on the swing". I really felt like I was doing something good. Jason really enjoyed me being there. (Jennifer, 09/11/91)

In caring for the other I experience more than feelings of compassion or empathy. I become interested in the life of the other -- allowing myself to share in his or her interests, concerns, or aspirations. This interest in the other, described as "engrossment" and involving "motivational displacement" by Nel Noddings (1984, p.33), takes the form of making available to the other my own

motivation and interest. It is what Bronfenbrenner (1979) describes as the "craziness" of a parent for a child. This may cause me to share in the joy or sorrow of the other, not merely through verbal expressions of understanding, but by living with or for the other that I become infected with her or his experience. As Noddings reminds us, it is such experience which leads parents to "speak of living for their children."(1984, p.33)

Such inclusive caring or engrossment requires trust and courage by the one-caring. For while acting in such ways may increase potential for self fulfillment, it also increases personal vulnerability. It is in such a caring space that the one-caring is most vulnerable to hurt. The cared-for may perceive such interest to be motivated by other than care, or they may respond in a manner unrecognized by the one-caring, so that he or she feels inadequate or rejected as a carer. Difficulties of being drawn to such inclusive care are illustrated in this account by Helen of her encounter with Willy:

> He was the demise of most child caregivers. He had a mother who had a lot of disabilities in the sense that she was always too easy going, so he had learned at an early age that he could do whatever he wanted to do because his mother couldn't catch him. He brought that to child care and it worked. He had bright blue eyes and blond hair and he was the most mischevious little boy that I ever think I've come across until I realized his needs were far deeper than just being mischevious. And yet I loved that little boy. He was my total challenge. I had a lot of other challenges through the day but if I could keep Willie busy I would be okay for the day. But Willie was a one on one and he was one. He defied the law on anything you said and the only -- I don't know how to tell you, he -- if you walked into the room -- it was nothing for him to pull down his pants and "moon" you. He pulled shelves down on children, he physically hurt children on a regular basis and yet there was something so lovable. If you could just get in touch with that inner person. I never gave up on

> Willie. I think I gave up on myself because I always thought there was more that I could be working on for him. And one day, I remember, I turned around and he was peeing on my shoe and I thought, "What on earth is making me like you so much because you really are just about the perfect definition of a brat." Yet you'd look into that face and you'd know he wanted to tell you something but I never could figure it out. Well I had Willie with me for six months or so and then I quit. Two days after he was sent to a children's hospital for assessment. I saw him periodically after that; they talked of chemical imbalance and hyperactivity but I never followed up past that. I often wonder what made me keep going for that child and what it was that I really -- that really got to me about him. I'm still not sure, but I know I'll never forget him. (Helen, 17/03/92)

Caregiving is a practice associated overwhelmingly with women and it was as women that the four caregivers described their sense of being in place as carers of children.

> The first time I saw Suzie it was decided among us in the baby room that she would be mine. She was just over three months of age and had just moved from B.C.. I was her caregiver for over eleven months. I had seen her walking, crawling and talking. There were times when Suzie's mother wanted me to take care of her at home. I got to know Suzie and her parents really well over that eleven months. At Christmas we all exchanged present. Then one day, early in the new year, Suzie's mom came to tell me they were moving to Calgary at the end of the month. All that month I spent trying to figure out a way to say goodbye. I thought I had it figured out but when the day came I started to cry and I couldn't stop. We said we'd keep in touch and the first summer we did. Mom and I wrote to each other and phoned for the first year but eventually we lost touch. I loved Suzie as though she were mine. It was like I was another part of her mom. Caring for her was no work it just felt natural, as though we belonged together. (Fiona, 14/ 04/92)

Although recent reports indicate a shift in the roles of men and women, as noted earlier, ninety eight percent of nursery and kindergarten teachers, ninety seven percent of child care providers and ninety six percent of registered nurses are women (Hacker, 1983, p.127). Nancy Chodorow in *The Reproduction of Mothering* (1978) describes patterns of parenting that are dominant in western society. As a part of her thesis she suggests that even as the biological determinants of mothering have lessened with the acceptance of birth control and bottle feeding, mothers have come to have increasing responsibilities for the care and nurturance of children. Urban industrialization has produced a progression (or regression) of women staying at home to care for the house, the children and the man. Women, she argues, are now in a position in which increased family mobility has further isolated them from aunts and grandparents, all of whom provided caring support in previous generations. This has privatized the caring space even more. The focal prominence of women in care relationships is suggested by Graham (1983):

> Only certain social relations are seen to facilitate the giving and receiving of care . . . it is the presence of women -- as wife, mother, daughter, neighbour, friend -- which marks out a relationship as, potentially at least, a caring one. (p. 15)

Chodorow (1978) contrasts the caring and compassionate relationships associated with women with those based on competition and more typically associated with men. The stress of this is illustrated in the story of Helen:

> Last Friday was the end of a particularly hectic week. We had just expanded our baby room so there was all the usual chaos you have to contend with in a move. My partner was mostly occupied with moving some of the younger babies while I was introducing a new staff member.

> It seemed as though most of the little ones were cutting teeth or had colds, and were just plain yucky. I was very tired both physically and mentally because of the changes, meeting new parents, going to meetings and so on. I was later than usual leaving the day care that Friday and just then two prospective parents came in with a list of questions. At last I could leave but when one ten month old saw me getting ready he crawled over to the door to block my exit. I walked away from him thinking "I'm too tired -- I can't give anymore right now." I could hear him crying behind me as I left. The hallway had never seemed so long. (Helen, 25/02/92)

Horney (1932) contends that caring is "the constitutive activity through which women achieve their femininity and against which masculinity takes shape" (p.218). One outcome of this is that any material contribution that caring may make to the maintenance of economic and social systems is viewed as incidental to its role in the construction of women's psychology. De Beavoir (1972) uses different terminology to describe similar thoughts. She draws the distinction between the essentially active "doing" associated with masculinity and the passivity of "being" which may be a defining characteristic of femininity:

> The young girl will be a wife, a grandmother; she will keep house as her mother did, she will give her children the same care she received when young -- she is twelve years old and already her story is written in the heavens. She will discover it day after day without ever making it. (p. 325)

Receptive place

In a discussion on relationships between adults and young children, Trook, uses the terms "power on", "power for", and "power with" (1989, p.15) to describe ways in which adults live with children. Of these, she suggests, the

notion of "power with" denotes a position of open-ness or receptivity by the adult, who views him or herself as key in helping children to understand and value themselves. In similar vein Noddings (1984) refers to "feeling with" (p.30) as a determining characteristic of a person caring. This, she goes on to describe, "does not involve projection but reception . . . I do not put myself in the other's shoes by analyzing his (sic) reality . . . On the contrary I receive the other into myself, and I see and feel with the other" (p.30).

Jennifer relates an account of one of the children in her care that illustrates this ability to receive the other:

> Don was three years of age when he came to me. He was an aggressive little one and frightened the other children. I didn't know what to do with him but then, quite by accident, I found that he responded really well to two things. He loved me to play with him especially if I played at what he wanted and he liked me to ask him to help me with some everyday chores. I felt very sorry for him once I figured this out. I guess he didn't have anyone at home who spent time with him and he didn't have a very good sense of self value. (Jennifer, 16/04/92)

The idea of receiving the other as opposed to projecting on to the other may be compared with Buber's (1970) image of "I" and "Thou", in which the other (the one cared-for) "fills the firmament" (p.32), and with Sartre's "degradation of consciousness" (p.34) in which "the higher consciousness of rationality gives way to the lower, nonreflective consciousness of emotion" (p. 34). However, receptivity involves transformation, a change in energy and interest, rather than degradation, a breaking-down of consciousness. Noddings concludes that, "the receptive mode is at the heart of human existence . . . more than merely

living or subsisting . . . (it includes) awareness of and commitment to what we are doing, what we are living" (1984, p. 35). Mayeroff (1971) speaks of the need to:

> be able to understand him (the one cared-for) and his (sic) world as if I were inside it . In the broad sense "being with" characterizes the process of caring itself, in caring we can be said to be basically with him (sic)in his (sic) world, in contrast to simply knowing about him (sic) from outside. (p.43)

Attentive place

The one-caring is present in his or her acts of caring. A mother with her infant is present for the child not only at times when being with the child benefits her but also, and more essentially, is present when the child needs her. She may worry about the absence of a cry from the child during a sleep time and tiptoe into the bedroom to check on the child's well-being. She may anticipate the child's needs even before the child recognizes them as needs. When the child is absorbed in play, parents may secretly attend to the play by listening and looking occasionally at the child through an open doorway. Parents may believe that the child does not know that he or she has their attention, they may not be in the same room. The child can only become absorbed in her or his world of play, however, because of the attention of the parents. Their presence is real to the child, as is the child's presence real to them. Even in physical absence, such as when the child is at home with a babysitter while the parents attend a theatre presentation, the parents are still "present" for the child. Their concern may be expressed in their conversations during the evening, in their preparations for leaving, in their hurry to return home, in a telephone call made just to remind the babysitter where to find the milk, or in their checking on the

well-being of the child immediately when they arrive home. Their anxiety and concern, which may chaperone them throughout the evening, may not be known by the child. But the reality of their presence, even in their physical absence, will provide security and comfort to the child. This regard and desire for the other's well being, which is present even at distance, is named by Noddings (1984) as engrossment.

> The one-caring is sufficiently engrossed in the other to listen to him (sic) and to take pleasure or pain in what he (sic) recounts. Whatever she (sic) does for the cared-for is embedded in a relationship that reveals itself as engrossment. (p. 19)

In contrast, we may consider parents who are not present for the child, even when they are physically together, or whose presence is focussed on self interest. Danica's (1988) account of physical and sexual violence perpetrated by her father provides a powerful reminder of how children may experience the unwanted and selfish "presence" of adults. Parenting, in the sense of mothering or fathering the child, is not guaranteed by biological parenting.

Caregivers face many dilemmas in their attempts to be present for children. As Jennifer describes in her relationship with one child, she realized the danger of encouraging dependence, and drew back from her involvement because she considered it in the child's best interests:

> Even from the very beginning there was a state of connectedness between us. You could say we were "drawn" toward each other and had a good rapport with one another from the very start. She came and sat beside me and asked me to help her get glue out of the glue bottle. She started telling me about her mom and doing things with her at home.

> She would seek me out to walk with on field trips and to sit beside at story-telling times and at lunch time. I felt I was a very important part of her life and that she needed me to be there for her self confidence. I really liked being needed and enjoyed her company. There finally came a time, though, when I knew that she needed to be able to relate better with other children her own age. I had to let go a little and to encourage her to play with other children and to also walk with other children on field trips. It was hard to step back and to hear and to see her disappointment but, at the same time, it was necessary for her development. (Jennifer, 14/03/92)

In Helen's reflection on her relationship with children in her care she points to difficulties asociated with relationship. What should such relationship look like in comparison with parent - child relationship?

> My self-guilt is more to do with what I do and not that I don't care enough or too much. I often feel that I might be overlapping the bounds. Some of the things I find myself doing with children -- teaching them how to solve problems, or deal with conflicts -- I'm never sure it is how parents want me to do it. Is it really what they want? When you spend as much time as I do with each child, they get close to you. I feel guilty that sometimes (and you can read it on their faces even if they don't say anything) a mom will get upset because her child talks about me at home or plays up when its home time and tries to cling to me. I really struggle with not taking the parent's part but you can't draw a line in your caring -- at least I can't. I know some people say "Stay your distance" "Be objective" I can't do that. The children , it seems to me, don't need adults caring for them who "Stay their distance", they need closeness, caring and total commitment. (Helen, 09/05/92)

In between

Such engrossed caring, the experience of being "in place" through caring about and providing care for others may be disrupted by a sense of ambiguity or an in-between moral and legal position. Caregivers' stories of their experiences point to lives caught frequently in such ambiguous places, often with a resulting feeling of powerlessness. They work in contrasting worlds of logic and lived-experience in which the written or legislated standards of care and descriptions of relationships as "laid-down" by invisible others, often conflict with the possible, the real and the actual.

> It was four-o-clock Wednesday and several children had already been picked-up by their parents. The five remaining were due to be picked up before five. I was on my own as my co-worker, Janice, had finished her shift and gone home. I had a decision to make. I was one child over the ratio allowed by regulation while Sheila, in another room, had fewer children than she was allowed. The legal, administratively sensible thing to do was to send one of my children to Sheila's room for the last hour, then we'd all be okay. But it didn't make sense to me. The five children with me were eighteen to twenty-three months in age, they didn't know Sheila, her room or the children in her care. They knew me, this room, each other and so did their parents. How would I choose one child to go away from us? (Fiona 04/ 03/ 93)

Fiona kept the children with her. When recounting the experience she spoke of "praying" that the director or the licensing officer did not appear, and of her fear of being "in big trouble" if she was found out.

Fiona's dilemma, caught in between the established authority as described in written regulations and her understanding of what was best for the

children, left her unsure of her position, so unsure that she was hesitant to recount the incident. Her position was made more complex because she held a view that the regulations were important. On another occasion she spoke of the need for

> Day care regulations to be enforced more rigorously. They (day care centres) seem to get away with murder. You hear some terrible stories from caregivers in other centres. They know when the licensing officers are coming and even then they don't do anything. (Fiona, 14/ 13/93)

Jennifer talked about being in-between as it referred to the particular needs of individual children and of the difficulty of completing tasks for the individual rather than those that were more general or universal.

> Sleep time can be a problem. Children normally sleep after lunch for an hour or so but it doesn't always work as planned. You sometimes have a child who needs to sleep earlier or later, or not at all; like Megan, for instance, I settle the children on their mats right after lunch and most are asleep in a few minutes once they get used to the system, but Megan doesn't fall asleep for about an hour -- even if you lay down with her, rub her back and read to her. Sometimes she doesn't sleep at all. (Jennifer, 14/ 02/ 92)

Normal procedure for sleep-time, for children older than eighteen months is, as described above by Jennifer, with children using cots or mats for an hour or so immediately after lunch. This practice is supported by provincial regulation which determines that all young children should have a period of sleep or rest during the day. Sleep is encouraged within the same regulation as it allows for a reduction in the number of adult supervisors at times when the children are sleeping. Such a practice puts caregivers in an ambiguous

situation when individual children do not fit the schedule. As Helen points out from her experience with a parental request,

> Hana's mother is a student at college and a single parent. She stopped in one day to ask how long Hana had slept. I told her about one and one-half hours, which was normal for Hana. She sort of frowned and then said, ' Can you not let her sleep when the other children do, perhaps give her something to play with or something to do to keep her awake?' Apparently Hana was having trouble getting to sleep at night and that made it difficult for her mother to study. I didn't know what to say really. I tried to say that at two years of age Hana needed a sleep in the day. She's at day care for eight or nine hours every day. But mom wasn't listening, she already had her mind made up. So I agreed to do the best I could. (Helen, 14/03/92)

Later Helen explains that she resolved the situation by being not "quite honest" (Helen, 14/03/92). She provided Hana with a mat and toys at sleep time and Hana went through the same pre-sleep rituals as the other children. She made no particular effort to get Hana to sleep but if or when she fell asleep, Helen made no effort to wake her. On the days that mother asked specifically about Hana's sleep schedule, Helen answered in general terms:

> I used to say things like, "Oh! She slept just for a few minutes", or, "I gave her some toys and she played quietly on her mat", or "I'm sorry, you know today she did sleep for a little while. I just forgot to wake her."(Helen, 14/03/92)

Helen spoke to the issue in this case,

> I wish I was more confident. I should really have told her mom I wasn't prepared to do what she asked. If Hana doesn't sleep in the day she gets very difficult -- aggressive with the other children or just laying

> around, not interested in anything. But its difficult to tell a mom that you are going to care for her child in some way that she doesn't want. (Helen, 14/03/92)

The four caregivers live in a world of in-between. The stories above are but two illustrations of their seeming powerlessness when caught between the traditional authority of parents, the emerging needs and rights of the child and the bureaucracy of institutions. Such experience causes caregivers to talk of a sense of not belonging, or of not knowing where they belong. In-between is a space in the middle of other places and tensions draw a person who is in-between from position to position. Helen recalled an incident from a previous child care situation:

> They proceeded one day to tell me they were going to have a planning meeting and that I wasn't allowed to come because I didn't have training but I was to look after the children. Well six of the babies were sleeping and the rest were twos, threes and fours. That ended up to a total of sixteen children. Well the first hour went quite good, most of the infants slept but as soon as they woke up I was having a horrendous time to try and change the children and feed the children. The equipment I needed was in the infant room and the children and I were in the other room. I did everything from sing to stand on my head to just do whatever it was to get by. But then I decided I really needed help so I asked if somebody could please come and help. So I called downstairs to the meeting; finally, after several calls, with the very loud voice I have, I said, "Could somebody please come and help me?" So the caregiver went back to the director and then she came to me and said -- and these are her exact words -- "Handle it." I'll never forget that. I had babies crying at my feet and in my arms. I had children fighting, I had children that needed to go to the bathroom and children that needed to be changed and I was told to "handle it." Well, by then I was so angry I thought, "You're right I'm going to handle it." So for the next few minutes I did the best I could and then I got a visitor. Sometimes things work out real good and I just call this

> "Divine intervention". In walked Bill Matthews, our licensing personnel. Well it didn't take him more than two minutes to sum up the situation. He asked me where everyone was and I said, "Oh, they're in a planning meeting downstairs", and he said, "Who's helping you?", I said, "Nobody." "Oh", he said, "would you like some help?" So he proceeded to help -- rock, whatever, so I could change and keep up with the job, and pretty soon we got it sort of, in a pretty good state, Bill and I. And about half an hour later up walked the director. Well, the look on her face was just a hallmark moment for me, when she realized the licensing person was helping me through this moment. I still think she thinks I phoned him but I never did. Bill knows I didn't and I didn't do it -- who had the time? But it was funny. They did go and have a little chat and you know planning meetings from then on -- I was never left alone, in fact I even got some help. So the feeling was that that was though for me as a caregiver, even being untrained, which I was then, it felt like I didn't value. I had no value; that even when I asked for help it wasn't respected , it wasn't cared for. What they were doing was more important. (Helen 21/ 03/92)

Who has not listened to conflicting arguments from friends and has vacillated from one to the other, trying to avoid hurting either one, often making statements like, "Leave me out of this one" or " I think you're both right". Such is the lived experience of these caregivers. Listening to and in fear of offending each of the more powerful people in their lives.

Fiona spoke of her difficulty with child care as a commodity in which,

> People look for the cheapest way to care for children. I know some places where children are sat in front of the television for hours and where they get minimum food and watered-down juice. Perhaps the saddest thing about that is parents think they're doing alright by their children. They don't know what's going on when they're not there. Often they choose the place because its cheap. (Fiona, 03/ 11/91)

On another occasion she referred to the "poor quality" places giving everyone a bad name. "They all have the language though. They advertise 'play-based' programs, trained staff, good food. How could parents tell the good from the bad?" (Fiona, 17/02/92). Similarly, Jennifer referred to a sense of competitiveness:

> When parents first come to look at your home you want to put on a good front. I show them around and offer them coffee. I just hope the other kids get along and we won't have any incidents while they're there . . . you have to do that you know, just to get them to sign up with you. (Jennifer, 17/ 11/ 91)

These senses of child care as a competitive commodity do not fit easily with notions of caring which include giving fully and generously to the other. Fiona struggled with this in her centre when the director decided to cut back on the food budget and to serve smaller portions of food to the children.

> It is ridiculous. First she hires someone to cook who isn't qualified but she is cheap. Then we have this menu that gives the children watery soup and crackers or processed cheese on celery or something they just cannot eat. The kids are hungry, you can see it in their behaviour. We keep apples and crackers in our room and give them extra to eat . . . we buy it ourselves. I don't know what the director would say if she knew. (Fiona, 12/12/91)

Marketing in child care is an increasingly accepted concept in a world of private enterprise. Success of a child care service is perceived in terms of financial success rather than in terms of the quality of lives of the children. Thus caregivers find themselves in a suspended, or in-between state. They need the

service to be a successful business to maintain their employment but when business decisions conflict with their ability to care fully for the child there is conflict.

Caring for children involves repetitive tasks, often mundane in nature. Cleaning; wiping fingers, noses and bottoms; washing toys, sweeping floors and doing laundry compete with time spent in thinking about and providing for children in more creative or educational ways.

> Working with toddlers is tremendously rewarding in some ways. Children advance so quickly -- they learn to walk, talk, run and climb. If you are away for a few days and then come back you really see the difference. But it's a frustrating job too. The children advance so quickly that they don't stay with you for long. Plus you spend an awful lot of your life changing diapers, wiping noses, breaking-up or distracting conflicts, cleaning up from lunch and doing laundry. Sometimes I think I'd rather be with the older ones. You can do some real planning and get into some exciting projects with the older kids. (Fiona, 13/11/91)

Completing such tasks the caregiver is focussed on the child, and on how she can relieve his or her concerns. By comparison the child's focus is on self, often on physical needs associated with hunger, pain or uncomfortableness. The experiences may be considered as inner or subjective by the child and outer or objective by the caregiver.

> When you change diapers all day every day it is easy to set up a production line. You can forget which bottom goes with which child . . . Its not easy, when you work with ten or eleven children to always remember you are dealing with an extremely personal part of self and probably the most private and emotionally invested part of the body. (Fiona, 23/03/92)

A tension exists for these caregivers between the body as an object and the body as lived experience. While frequently using phrases and acting in ways that demonstrate a concern for the experience of the child, caregivers find themselves in unrelenting repetition of mundane tasks that cause them to respond more objectively than they would like.

Being in-between does not necessarily imply a sense of being "caught" or of ambiguity. These caregivers also see their in-between status as providing a bridge between conflicting forces. Being in-between is the position from which caregivers advocate for the children in their care. Sometimes being in-between assists in informing supervisors and administrators:

> The number of children can be a real problem, especially when the children are so young. On days when we have ten or twelve children you see behaviours really change. Harold and June both tend to become more aggressive. I told Karen (the director) that we had too many children and that Harold and June, in particular, needed more space and attention when numbers get so high. (Fiona, 17/03/92)

> Well she (the director) was advising Susan (a caregiver) about how to deal with one of the boys in her room. She was advocating a time-out procedure with him. I knew Chad really well, I had worked with him last year and felt that was not a good approach. So I interrupted their conversation and made some suggestions of my own. I'm not sure the director was too pleased, but I thought it was important for Susan and for Chad. (Helen, 14/05/92)

On other occasions the position allowed caregivers to intervene with parents:

> Mike only comes on Tuesdays and that's a really busy day. He already has trouble settling in and spends a lot of time crying. I spoke to his mom

> to see if he could come another day -- maybe Thursday or Friday -- when we seem to be quieter. (Jennifer, 23/11/91)

> You worry about what you say to parents - at least some of them. They react differently from how you expect. Like Tom's mom. Tom was bitten a couple of times by one of the other toddlers. Unfortunately Cindy (Tom's mom) found out which other child had done the biting and stayed at the day care one night to talk to the child's mother. She was very angry. (Fiona, 09/11/91)

Sometimes the intervention possible from an in-between position is more challenging:

> One day while I was looking in the kitchen cupboards for dishes for children to use I found some mice droppings. I went to the director and she told me to wash them but her attitude was very lethargic and I was just furious. There was no way that I could accept such a standard. I said, "You can't have mice where children are eating." She became quite rude to me. . . . A little while later I was in the baby room when one (a mouse) ran across the floor. So I went back to the director and said, "Are you going to do something about this?" Again I didn't get much of an answer. So I told her that I would not work in the centre and that I would report these conditions to the health inspector, and I went home. The next day she phoned me asking me to come back and saying that they had arranged to have the place cleaned up. (Helen, 17/03/92)

Summary

Caregivers talk of their experiences of felt space as being largely in between: in between the authorities of parents and work supervisors and between their own moral understanding and that set out by others. While this is sometimes viewed as a source of powerlessness and debilitation, it is also seen as a position of advantage and strength. Caregivers work in this context and it

is from this position that most of their decisions and actions are taken. The person bringing the various perspectives together, the parents', the bureaucrats', the children's and her or his own, is in a unique position suited to fostering the well-being of the child. A second theme that emerged from the caregiver's stories was that of working and enacting their caregiving in such a public place. Many acts of caring and providing nurturing to another are reserved for private spaces, most typically for home. To read and respond fully and openly to children in their care is a cause of some tension in the caring relationships. Caregivers speak, also, of being "in place" in their caring, experiencing self-fulfillment as they care fully for another who is entrusted to them. Other themes were those of child care as places of receptivity and attentiveness. Children demand to be received and caregivers need to remain present with them and attentive to their needs.

Chapter 7

SELF: A CAREGIVER'S PERSPECTIVE

A person may be thought of as a complex of human processes, ongoing, changing and continually striving toward a future state of self-fulfillment. People have the capacity to become aware of their strivings, of their being. The German word *Dasein* is used to describe this aspect of human existence.

> Dasein indicates that man (sic) is the being who is there and implies also that he (sic) has a "there" in the sense that he (sic) can know he (sic) is there and can take a stand with reference to that fact. The "there" is moreover not just any place, but the particular "there" that is mine, the particular point in time as well as space of my existence at this given moment. Man (sic) is the being who can be conscious of, and therefore responsible for, his (sic) existence. (May, 1958, p. 47)

The term Dasein, which may be translated literally as "being" (sein) and "there" (da) is not exhausted by the English translation. In English the term "being" carries connotations of a thing or a static state, as in the term "a human being." The existential meaning, however, indicates a dynamic state, of becoming, a continual and ongoing process, the activity of being something not yet realized. Possibly the term "becoming" is a more appropriate English translation of the term Dasein.

Being in the world involves a mode of relationship to one's-self, in addition to modes of being with others and of being in the world of space, time and the environment. The following chapter is an attempt to understand the being-in-the-own-world of four child caregivers. Attempting to put aside

strategies of analysis and personal theoretical preconceptions, I have attempted to let the experiences speak for themselves.

When I care for another I have an opportunity to know myself. As Mayeroff describes it,

> I do not try to help the other grow in order to actualize myself, but by helping the other grow I do actualize myself. (1971, p. 30)

Caring for another person requires me to understand myself and the other person. Although as the one-caring my interest is focussed on the other rather than on myself, I must also remain cognizant of the importance of the other. The cared-for is as important to the one-caring as is the one-caring for the cared-for. Within a parent and child dyad the child is as important to the parent as is the parent to the child.

Because of my importance to the one cared-for, I learn to be responsive to my own needs to grow. I begin to care for myself at the same time as I care for the other. This is not because of a selfish or egocentric need for me to focus on myself but a recognition that it is only by growing myself that I can provide for the other. It is by caring for myself that I can "understand and appreciate what it is to grow" (Mayeroff, 1971, p.48). I relate to the other in the same general way that I relate to myself. Caring requires me to know myself in similar ways to those in which I know the cared-for; with patience, respect and honesty. It also requires that I strive to become aware of who I am and to form relationships between myself, as others see me, and myself, as I am inside. In this I may experience myself as the other so that I am able to care for myself as I would care for another.

Valuing self

> Some children seem to be able to sort out when I'm busy and that's sort of sad because they know they need to find something to do on their own because the caregiver is busy. I think that is just as much a stress for the caregiver because you know you're not meeting that need. I don't know -- and I really don't think -- two people can meet the needs of fifteen children. You tend to go to the children who are most distressed and the most assertive, the most aggressive or the most lonely. And I think that you do that and I think somewhere in that is the surviving child and I don't know if we're ever going to be able to meet the needs of all the children. That's a definite stress. (Helen, 14/ 02/ 92)

A prerequisite for valuing others, necessary if authentic caring of others is to occur, is that of valuing self. The four caregivers speak, directly and indirectly about experiences that contribute to their sense of self value. In Helen's interpretation of her work as a caregiver, shown above, we can hear the difficulties inherent in her work as she struggles to meet the needs of a group of young children. Numbers of children, together with the breadth of the needs they bring, make it difficult to experience accomplishment or to feel that her work has value. Being put into a situation where it is impossible to complete the job competently or fully indicates that she feels devalued as a caregiver.

By contrast caregivers speak of their sense of worth coming from relationships with others, usually with children:

> Two months ago I was taking care of a two-and-a-half year old girl, Ashley. She was the sweetest little girl I ever met. She was creative and

> curious about everything. She was also very independent. One day we went for a walk, only about three blocks away, and as usual she walked beside me and talked non-stop. When we came to a road I said, "Ashley I need you to hold my hand while we cross." She refused, "I'm a big girl and I can cross on my own." We talked about it for a while but it was still a no go situation. Eventually I knelt down in front of her, held both her hands and looked her right in the eye. "Yes Ashley, you are a big girl and you can do lots of things by yourself. Crossing the road is very dangerous, though, because the cars are so big and fast and the drivers may not see you. I would be very sad if anything happened to you." She stood thinking for a moment then said, "Okay." When we were across the road she let go my hand and walked beside me. At the next road crossing we came to she stopped, looked up at me and put her hand in mine and we crossed together. I had a real sense of good being her caregiver and feeling worthwhile with what I was doing. (Jennifer, 17/ 03/ 93)

Incidents that are recalled and that are valued as successful or self-fulfilling by caregivers often appear as everyday. They are not characterized by feats of remarkable skill or by near-miraculous leaps of developmental progress. Instead, they reflect times in which caregivers used their understanding to help a child and were grateful for any progress made.

> I had this situation with Clive. He was four years old and had never been without his mom and was intensely attached to her and painfully shy. He would cry as soon as he came into the room but it was fairly easy to calm him down. He was scared and insecure all day though. If I didn't engage him in some activity right away he would just stand in one spot, looking down or looking around but never moving. So I started off by reading a story with him when he first arrived; it was non-threatening and didn't involve him in interacting with other children. Then I gradually moved to other activities -- like water play -- but still with me. This was still non-threatening but put him closer to other children. After some weeks he was able to come to day care, leave his mom and choose an activity on

> his own. He never became very socially active but he did achieve a sort of comfort here. Unfortunately he remained inhibited all the time he was with me, he would watch all the others take part in beach days or spaghetti stomping with a longing in his eyes. He could never bring himself to join in. The progress he did make, though, was a big step for him, and it made me happy to help and watch him develop some confidence. (Fiona, 14/02/92)

These caregivers speak also of experiences in which they grasp situations of value or in which they experience value in relation to others. Fiona conveys one such incident,

> There was no question that I took sort of a leadership role on that room because the gal I worked with had no concept of where I was coming from or what I was doing with centres. (Fiona, 23/10/91)

However, her sense of value is tempered as, in the same conversation, she talks of the limits of her position as a caregiver attempting to build relationships with others.

> Caregivers need to be able to talk freely to parents but I'm sometimes nervous -- I think the director doesn't really approve. She thinks you might say something wrong. (Fiona, 23/10/91)

Others talk of pressures of the job devaluing how they think about themselves and their work:

> A few weeks ago my partner didn't turn up to work, she was sick, and I had a new group of toddlers. I was so busy. There was no time to play with the children. I was redirecting or settling fights between them. As the day continued things became more and more mechanical. Changing diapers, putting them in high chairs, feeding breakfast to two toddlers at a time, then washing them; after this they needed to be rocked to sleep.

> This was mechanical too, two toddlers in a stroller rocking back and forth while I was at the table so that the older children could start an art activity. When the little ones were asleep I dressed the older ones to go outside. Just then a baby woke up and I changed her. I had about five minutes to play with her and then the other babies started to wake up and the cycle -- changing, feeding, washing -- happened all over again. At the end of the day I was so tired. I wondered what I had done all day, there didn't seem to be anything to show. The toddlers wanted up to be held and I just couldn't do it. I just continued to run around. (Helen, 12/03/92)

Again, Helen's comment on previous employment as a caregiver, "As long as I was there that was all that mattered -- they could all get their breaks " (Helen, 14/ 04/ 92) and her frustration with her present position,

> I don't feel very valued or recognized. It goes beyond the job. . . . It's because our jobs are never done, evolving, emerging and there is no end point, not like an engineer or a scientist who finishes a project. (Helen, 17/11/91)

A sense of value of self, and by others, is a critical part of a process of discovering and living the meaning of life (Mayeroff, 1971). It is through caring in an authentic and appropriate way that I may have direction and purpose and that I experience self-worth and competence. When situations get in the way of the process through which I may encounter such being in-place, I may experience disconnectedness; and I seek for meaning external to my being. Caregivers recount many stories in which their value is questioned either by themselves or others.

Autonomous and dependent self

In a similar way these caregivers speak of their experiences as independent agents, able to make decisions for the good of children in their

care, and as dependent workers, unsure of their capacity to make such decisions.

> I was given two special needs children. One with a recognizable physical disability, a learning, no sorry, a physical handicap that he wore braces on his legs and he had a degenerative disease where he would eventually live, you know, in a wheelchair. He was a happy-go-lucky little boy and I just adored him. We worked really well together. He always, no matter what happened, climbing up a hill or whatever, he just had resilience second to none. I also had a little boy who was just one of the hardest cases and still is to this day. This child went so far even to pee on me. I remember it, I mean, its just a small sample of what this child's behaviour was like amidst the storm of what I was looking after. But to tell you a little bit about how sometimes administration doesn't care. One day I waited for the handibus to come because this little boy was due to come and he always came at the same time and I would keep watch for him and they said, "Oh, he isn't coming back", and I said, "What d'you mean , he's not coming back?" I'd had this child in my care for, I can't quite remember the exact length, but a couple of months at least. She said, "Oh no, well, his mother pulled him out and he's gone to a different place." And I said, "When did we know this?" "Oh, a couple of weeks ago." Well I was his caregiver. I was never told that the child was leaving, the child wasn't told, it was such a sad day for me. (Jennifer 24/03/92)

Fiona's attempts to balance her need for independence or autonomy with a sense of being recognized and supported is illustrated in the following:

> We get a lot of support at this centre, but I don't know how I would say it, it isn't a lot of support. It is a lot of smiles and excitability, but there isn't any caring for the caregiver. There isn't taps on the shoulders, there isn't, there is child interaction from the administration and there is help the odd time you really need it, but overall it is definitely administration versus caregivers -- and keep parents happy at all costs. (Fiona, 17/11/91)

Or Fiona's description, pointing to an experience of caring for other people's children in such a public way that there is no room for autonomy:

> I feel like I'm in a goldfish bowl. Everything I do and say is being critiqued by someone. It seems as though you can't even talk around a corner with a co-worker because someone is there. (Fiona, 11/04/92)

Jennifer's comments and example of her perceptions of parent control and apparent indifference provide an even stronger illustration of difficulties in attaining a sense of autonomy.

> For a while I worked in a nursery school and with a board of parents and volunteers; for most of them it was a first experience with a children's program. I tried to keep that in mind but it made maintaining any level of professionalism very difficult. Its a real battle to hold on to my ideals when parents take little or no interest in their child's remarks or my comments about the day or the program itself. I remember I had one child, I think she was three, who was frightened of noises she was hearing. Our nursery program ran out of the upstairs in a skating rink. Men were working in there, drilling, sawing, hammering and while we could hear them we couldn't see much. I talked to the child, told her who was making the noise and why; later we walked down to watch the men at work. She seemed a little better after that. At the end of the day I explained the child's difficulty to the mom and told her what I had done to try to relieve it. Her response was to laugh at the situation and tell her daughter she was a "silly wimp." This was a severe example. Most parents respond well when you talk to them about their child but few approach you to ask or voluntarily tell you anything. (Jennifer, 25/04/92)

Self comfort

The four caregivers talk about experiences of being comfortable with themselves by virtue of caring for children in ways congruent with their personal

understandings. They speak of situations in which they have been able to use their abilities, to exercise judgement, and to realize the significance of their caring. By contrast, they also experience times and situations when they feel less than comfortable, when they use expressions to describe their work such as, "I didn't know where I was," (Fiona, 11/03/92) and "I just felt like a nobody, not knowing which way to go." (Angela, 17/10/91)

Helen reflects her sense of being comfortable as she describes her initial thoughts about her work situation

> When I first came here, I worked casual, I watched Kerrie, the director, and I watched the freedom that some of the good caregivers were given and I watched the problem-solving. I watched the support and I thought, "Yeh! If I ever work in child care again, this is where I'm going to work." Even now, some days I pinch myself and say, "Have I died and gone to heaven? What's going on here?" (Helen 11/02/92)

On another occasion she refers to the difficulty of maintaining a sense of being comfortable and points to the apparent tensions that make it difficult.

> It's a horrendous task and a pleasant task all at once but you need support. I don't have great self-esteem and I didn't do good in math and I'm not a scholastic type of person who did well in school, although I did pretty well in my college courses. I don't always feel good about myself, you know, I don't always have a real sense of well-being about who I am and what I'm doing. Sometimes there seem to be a lot of things out of my control -- how many children are in my care, who they are, what parents want of me. (Helen, 14/10/91)

Being with the children, playing with them in a child-like way, is described by Fiona as a rewarding experience.

> Well you saw what happened this morning. It's one of the real rewards of the job and I'm always glad to find that I can still enjoy play like that. It all started before you arrived. Julie wanted me to hold a baby doll and talk like a baby. Then she tried to involve me in the play by putting an old-fashioned hat on my head. Other children noticed and came in. Anyway it ended up, as you saw, with them dressing me in a sash, a handkerchief, different sorts of hats and shoes. Alan decided I had a tummy ache and put a pie tin on my stomach, rubbed it and asked if my tummy was better. What made this really good was that I had just introduced some new dress-up clothes to the room and this was the children's way of getting into them. (Fiona, 15/03/92)

Guilt and care

The four caregivers take their responsibilities to children and families seriously. They repeatedly tell stories and work in ways that demonstrate that their concern for children in their care goes beyond mere custodial care or doing things that the children enjoy or that keep them safe. While these aspects of their work are important, that children will grow and develop in healthy, positive ways is the main yard-stick against which caregivers judge their success. Falling short of their, often self-imposed, expectations leads them to talk of their guilt in not meeting the needs of all children in their care. The guilt they speak of is more an indication that they recognize that something is not working as it should, or that there is a problem. It is less connected to the belief that they are neglectful or indifferent to a child's needs. Conscious that they are not always able to meet a child's needs as fully as they need to be met leads caregivers to express concern, frustration and guilt with their apparent inability. This dilemma is illustrated by Jennifer:

> Edith, who's only three years old, says to me, "I want you to be my mummy." Wow! that's a big gap in her life I'm trying to fill. Not in the sense that I'm trying to replace her mom but it tends to confirm my thoughts that she's lacking something big time at home. I guess I try to fill it here to make her life more complete but sometimes I have to say, "What am I trying to do? Who am I trying to kid? I can't do all this for these kids." (Jennifer, 17/10/91)

Jennifer speaks of a sense of not meeting a child's developmental needs based, in part, on her lack of skill or of circumstances beyond her control. She specifically states that the guilt is not a result of how much she wants the child to develop and progress, nor on their lack of concern for the child's well-being.

> I have never felt I didn't care enough about a child or group of children. I have, and still do, experience guilt at not being able to accomplish enough with my caregiving skills. A good example of this is Cassie, she's three years old. Sometimes, most of the time really, her behaviour is unpredictable, rude, violent and unmanageable, at least for me. There is no way of predicting what Cassie will say or do next. She can't be trusted around some of the other children, especially the quiet or more docile ones. She's sneaky and quick to hurt them. Shoving and scratching are her preferred methods of assault, her problem solving skills are very raw. She yells at me, or anyone else for that matter, for no apparent reason. It is hard to take her outside on field-trips or whatever, you have to keep a tight grip on her. I learned early that she will just run off with no sense of danger. So far I haven't found any type of communication, amount of affection or discipline that makes any difference at all. Her mother is well aware of the difficulties we have but, I must say, she isn't too concerned or cooperative -- like, she doesn't volunteer any information about what else is happening in her life and she doesn't give me any clues about what she does at home. She's been with me a few months now and I don't think we've made much progress at all. It is exhausting, physically and mentally, every time she's here and a real relief to me and the children when she doesn't come. I

> feel very sorry for her, I haven't given up, but I am at my wit's end with her. (Jennifer, 14/04/92)

Fiona's guilt, again, is not that she doesn't care enough but that more care is needed by the children than it is possible for her to provide:

> Some times you see a child having a problem, like Jake, for example and you don't know how much to get involved. I go home and it plays on my mind all night and I think, "Ya I should really try to help." I come back the next day and try to do more with Jake and find that Susan's having a rough time and she needs me just as much. You just can't spread yourself thin enough to care and help all of them that need it. (Fiona, 12/11/91)

While Helen acknowledges her sense of guilt at not following through on a standard she set for herself, her comments reflect that caring in a "care" environment is difficult to maintain. Possibly the requirements of the work, that of providing for young children all day, leave adults too exhausted to care and support each other.

> Nobody really cares. I need to show interest, care for the others but who ever asks me? There's not enough support, time or money. I had a new partner a few weeks ago and before she started I set myself the goal of supporting her as best I could. Then after a couple of weeks she came to me and said, "So, how am I doing? Am I alright?" So much for my goal! I still feel guilty for not supporting enough. She left child care a couple of weeks later. (Helen, 06/03/92)

Personal growth in caring for others

There is a selflessness involved in caring. When these caregivers are with young children, the children are their primary focus. They are drawn to

attend to them, to meet their needs, and to provide opportunities and encouragement for their development. In doing this they also have opportunity to grow. In trusting, understanding, responding honestly and taking responsibility for children they practice those attributes that enable their development. This is not to suggest that they care for children to satisfy their own needs or to experience personal growth, but that by making children the primary focus of their attention, they do experience personal growth. In this way, we might say, caregivers need the children as much as the children need the caregivers. In self care caregivers understand the importance of being with themselves as they are with children. That is, that as they make an effort to know and understand children in their care -- their likes, dislikes, moods, fears, joys and limitations -- so they direct such knowledge and understanding to themselves. The caregivers recounted many instances of self-care, some as a result of direct observation of children and other from reflections on their experiences with children.

> The little things sometimes surprise you. I remember being particularly touched at the end of last year. I had been talking to the children about my upcoming departure but I thought they would have very little impact. Then on the last day I received a big hug from Adam. This sticks in my mind because I didn't feel that I had much of a relationship with him positively or negatively. He couldn't say the word "goodbye" to me but showed his feelings with surprising energy and affection. (Helen, 22/10/91)

Fiona recalls the impact of children noticing her absence:

> I was out of town for Christmas this year and missed two days of work. My absence was noticed by the four year olds. They eyed me pretty suspiciously when I returned. I felt less than warmth from some of them when I returned and they demanded to know where I had been. There

> were no "hellos", just an indignant, "Where were you?" I wondered if they'd even notice my absence. The answer lay in the question. (Fiona, 17/01/92)

Angela reflects on how she has learned from children in her care:

> I don't think I'll ever completely adjust to the unconditional trust children put in me. I find children listening wide-eyed to my explanations about something and so eager to answer questions and be helpful. The parents tell me that my word is sometimes the definitive answer in the house, "Angela says this or Angela says that." I sure have to weigh my words before I say much now I realize how impressionable children can be. (Angela, 14/05/92)

Helen refers to increasing her patience and understanding:

> I expect you've noticed Martin -- his stutter. He didn't speak much at the beginning of the year but he started to talk really freely to me as he felt more comfortable and often he's really excited when he's talking. Often I know what he is aiming to say but its very exasperating listening to him try to get the words out. Its tempting to interject with a word or two especially when I'm busy or have other children needing me. But I knew for him it was important not rushing the situation and staying calm and appearing interested. I've never interrupted or finished a phrase for him. He's taught me to call on a type of patience I didn't know I had. (Helen, 21/11/91)

Helen refers to her conscious efforts to protect and care for herself. Reflecting on the instability and lack of continuity in child care she talks of caring for herself in a deliberate way. Her reflection contains a sense that this may not be her preferred way of being a caregiver but one that is forced on her.

> I do a lot of caring for myself. Over the years I've found that that is the only person who's going to be there all the time People come in and out

> of your life in this job and its difficult to ever know who to count on being there. I'm the only person who's going to be there for me. (Helen, 11/04/92)

Recounting how Fiona speaks of balance and reflects some pride in her self-knowledge that she needs to spend time alone as a way of taking care of herself.

> For me, it is important to try to maintain balance in my life. I'm a bit of a loner and at the end of each day it's important for me to spend some time on my own. If I go for a long time without this time I get very cranky and miserable, which then affects my relationships with other people. I don't think everyone has made these self-discoveries -- if they have they choose not to follow through with them. (Fiona, 17/11/91)

Angela's comment about rewards inherent in child care catch something of the reciprocity between children and adults living together that is so important to their well-being.

> There are lots of rewards. There is always a hug or a touch. The children seem to know when you're having a rough day. (Angela, 14/03/92)

Identity as a caregiver

One of the clearest themes to emerge in this inquiry is that of caregiving as identity. As caregivers tell their stories and struggle to make sense of their experiences in ways that I can understand, it is apparent that there are few lines delineating caregiver from the person. Caregiving is not so much what one does, it is who one is. Caregiving spills over into all other facets of life and life

outside caregiving spills into caregiving. This is seen as Fiona reflects on questions of how she feels challenged by her work with other people's children,

> I've had to do some thinking on that and I've looked at some of the harder times that I felt I really had to dig down and see if I was able to pull it off. There are many easy times you know -- zip the child's coat, give a hug. They are the gentle and easy times. Then there are tough times, tough times for me to care about the people I'm working with. I've come from a violent family. My dad is an alcoholic and so life for me as a child was a scary experience and I want to give children in my daily work a safe environment. I am drawn too much to these children who I know are suffering, and their families. I think it's okay but sometimes it makes my job get too emotionally entangled. It also gets me to my co-workers who I see struggling. I just think life is too short and there is enough pain that we have to work together to try to alleviate that as much as possible. I also have to say, and I'm not your normal, structured church-going Christian but that is really what I am. At times and in some tougher situations with families and with children it's only been through my faith that I've been able to go on. (Fiona, 14/03/92)

Helen discusses how life away from the children affects who she is with them,

> I know you're not supposed to let what happens outside affect your work with children. But you know its difficult if you come from a distressed home or distressed life. It's real hard to be a bouncing ball with children. It takes a lot of energy and a good strong body and good health to make it a good place for children. (Helen, 23/11/92)

Being a caring caregiver is a difficult job. Often caregivers work in situations that are characterized by unsympathetic bureaucracies and administrators, increasing social problems in surrounding communities, children who have already experienced disparagement and discouragement,

and a host of obstacles that make fostering of authentic caring seem impossible. Such experiences lead caregivers to reflect on themselves as ones-caring.

When talking about caring for others' children the four caregiver's stories frequently referred to autobiographical experiences that were not directly related to their world of work. In talking about her decision to work in child care, Jennifer related a story from her childhood in which she cared for her father following an accident.

> He walked in the door and didn't say a word. He didn't have to. Blood was pouring out of his fingers and covered his face. I had never seen my dad in pain and it was scary. Mom was gone, so that left me. I sat him down and ran to get a cold cloth to press on and stop the bleeding. He told me he'd run into a wire fence. I wrote Mom a note, started the truck and drove him to emergency. It was the first time I'd driven Dad anywhere; he always drove. . . . I know that child care isn't full of such drama but that time, when I was sixteen, had quite an impact on my understanding of what it means to care and how everyone, even my dad, needs to be cared for. (Jennifer, 23/06/92)

Helen discussed her philosophy of encouraging children to keep personal items with them at day care, even though other staff thought this was just asking for trouble. Her position was justified, in part, by her experience as a child.

> I was about ten years old at the time and it was my birthday. My maternal grandmother liked to give me unique presents and this year was no different. Although she lived in the country and needed to get a lift to a larger town eleven or so miles down the road to do any special shopping and even though the shops there had limited quantities of "neat" items she managed to find a lovely amethyst brooch in a gold setting. I was so struck by the daintiness and loveliness of the gift and, even at that age, thought about the effort she had put into finding it. At first she thought I

> didn't like it, but I hugged her and gave her a special thank you. I still have that brooch and it brings back all sorts of memories about my childhood and my grandmother. I think we need to remember the importance of some of these things when we deal with five year old children. (Helen, 09/11/91)

Similarly, Fiona in a discussion on the issue of children who are unwell attending day care, related a memory of a childhood illness to illustrate her personal belief that such children need the love and attention of a parent at home.

> I remember when I had measles, waking up and seeing this red blotchy face in the mirror, and being very scared at how I looked and felt. I think I was six or seven. My mom came in and started to comfort me, she made my two weeks at home very pleasant. She gave me a special scarf to cover my face. She spent time with me, made special lunches and read me stories. She tried to make an unpleasant situation at least a little tolerant and maybe even a little enjoyable. It says something that I remember it quite fondly. (Fiona, 17/03/92)

Personal values, based on life experiences both within and outside child care, contribute to the identity these caregivers have of themselves. They do not separate, in any precise way, their lives as caregivers from their lives as mothers, sisters and friends.

Dreams of becoming

The four caregivers' stories gave indication of their hopes and dreams for improvements -- changes that they considered would make life better -- and of opportunities for them to become more fulfilled as people and as caregivers.

Some of these were embodied in stories of dissatisfaction about what had occurred to or around them, others were more explicit statements of need.

In discussing their general views and perceptions of child care, and their place within it, all four caregivers talked about their futures. Helen expressed her satisfaction with the work and her hope to remain involved."It's difficult for me to imagine doing anything else. I enjoy the children, the parents and my co-workers-but mostly its the children"(Helen, 12/09/92). However, she continued to articulate personal doubts:

> It's a shame there is almost no opportunity to progress or even change what you do. A couple of years ago I coordinated planning and building a new playground, and I had one day a week to work on it rather than looking after children. It was great. I was still working for the centre but for one day each week I didn't have direct responsibility for children. Sometimes, when I really stop and think, the responsibility -- day in and day out -- is more than I want. (Helen, 12/09/92)

Similarly Fiona, at the same time as she not only worked as a centre caregiver but also spent several other hours each week caring for children at home, stated "I'm always looking for something else. I can't believe I'm still doing this. I'd go back to college but I don't know what to take. If I had the courage I'd take off and travel for a bit" (Fiona, 08/11/91). Angela saw her position, as a live-in nanny, as temporary. She spoke about "getting back to teaching" (Angela, 14/07/92), and how being a nanny had "given me this chance to travel . . . but that it is a real tie. . . . Sometimes you just feel so trapped. . . . It's someone else's kids, someone else's house and values" (Angela, 14/07/92). Jennifer, although speaking about returning to the work force when her own children were in school, seemed to be torn in her future plans. She spoke of the

"satisfaction this job gives me. Its much better than being a secretary or anything like that" (Jennifer, 11/10/91). She also referred, however, to being tied to the home and children. "They (the children) are here so long and everyday it's difficult to get out, go for coffee, talk to any adults (except their parents) for more than a few seconds. How about having some time for just you?"(Jennifer, 11/10/91).

Respect

> We had this meeting with parents and invited a nurse from the local health unit as a guest speaker. She didn't say anything we didn't already know -- perhaps she said it better. (I remember the director saying in a meeting to all of us that it would of been beneficial for all of us to hear what she had to say -- if only she knew us better!) The best part of the night, though, was that she (the nurse) told the parents if they had any questions about their children's development they should ask the caregivers. We were well trained and knowledgeable and parents should feel confident talking to us. I've never heard anyone from outside say this before. It felt really good and I know the other caregiver's appreciated it too. (Helen, 23/03/92)

Helen recounted this incident because it had made such an impact on her. It illustrates her sensitivity to the issue of personal and professional respect. Respect for the work they did was a recurring theme for all four caregivers. In particular they spoke of the need to gain the respect of society but also made reference to difficulties in feeling respected within the child care system. Fiona spoke enthusiastically about the response of Ariel's mother:

> She's great. I wish all parents were so appreciative. She always takes an interest in what we've been doing and asks us to teach her some of the songs and stories. One day she told me she was amazed at how we

played with the children. She wanted me to teach her how to play with Ariel. (Fiona, 22/02/92)

Difficulties associated with feeling respected within the system are illustrated by Helen and Jennifer. Helen spoke of the response of the director to a problem:

> I told her I was concerned about Travis. He seemed to be having more difficulty getting along with the other children and seemed unhappy. I expected her to say she would come and look to see what she could suggest, or to ask me what I thought was the problem or what did I think I should do. But no. "We'd better get him assessed by a psychologist" was her immediate response. I don't have any problem with working with a psychologist but the way it was said I felt useless, as though I had nothing worth contributing. (Helen, 19/ 04/92)

Jennifer spoke of the degradation she felt when the agency visitor came to inspect her home:

> She's very nice but she looked everywhere. I don't know what she expected to find. She looked in the kitchen drawers to make sure I didn't have knives or matches within the children's reach,she looked in the fridge, in my bedroom, everywhere. By the end I felt angry. As though she thought I didn't know what was important in looking after kids. (Jennifer, 13/ 09/ 91)

Fiona's account of a parent response to an incident of biting in the toddler room points to the tension that arises by feeling less respected than she would like:

> Mom and Dad both came in. Mom started right in, "This is the third time Tyler has been bitten. What are you doing about it? I don't think just talking to the children is good enough. Why don't you send the biter

> home?" Dad joined in "I've taught Tyler to push any child who comes near him. If you're not going to protect him then I'm going to teach him to defend himself". (Fiona, 14/03/92)

Even though she was upset by this parent response, Fiona attempted to understand their perspective:

> I can understand them being concerned. But they react as though I'm to blame -- maybe even encouraging the kids to bite. They don't realize that I'm as concerned as they are. I could cry when someone gets hurt but they (the parents) don't realize (Fiona, 17/ 05/92)

Recognition for the value of their work, the knowledge and skill they brought, and the emotional attachment they developed was an important aspect of the four caregivers account of their work.

Support

In parallel with the notion of respect caregivers spoke of a need for increased support in their work. Helen and Fiona both referred to the importance of their relationship with co-workers. "I really enjoy working with Julie. She isn't lazy, she's confident and I can talk to her easily about the children or anything else. (Helen, 11/03/92). Similarly, Fiona recounted an incident which illustrated the value she placed on her co-worker:

> I was having a tough time with Terry. He just wouldn't settle down and was kicking and crying almost out of control. I tried everything I knew. I sat him down, talked to him, tried to distract him, carried him on my shoulder- everything I could think of. Kari (co-worker) was holding the fort with all the other children. But she is so good. She could see I was

> at my wit's end and came and took him from me and she settled him better than I did. (Fiona, 09/11/91)

The caregiver's generally saw the need for increased support for them to continue to grow and for the children to receive adequate care.

> The agency organizes meetings once a month, sometimes we have speakers, sometimes we watch movies. It is good to meet other providers but its not really enough. It would be nice to be able to continue an education more fully -- perhaps take courses at university. But I can't afford to do that unless the agency helps out. (Jennifer, 11/09/91)

Helen identified a need to communicate with others doing similar work:

> There's no chance to go to conferences or visit other centres. So you don't get to share ideas or to know if what you're doing is different from others. (Helen, 06/05/92)

Fiona recalled a time from her days as a student:

> Four of us (students) operated our own program for children in a school classroom. It was meant to offer drop-in care for handicapped children, but we had lots of other children. It was scary but it was great. We were responsible for everything -- organizing, planning, advertising, collecting fees and registering children. The best part, though, was to work with the other students. Normally you would see each other only in class. We became really good friends during that practicum and really helped on another. (Fiona, 13/02/92)

While several comments referred to the perceived absence of support from society, (the caregivers spoke of their poor pay and difficult working conditions) a focus of their comments was on their lack of knowledge about the community.

> Brian has really delayed language and I think it affects his behavior. He's a big kid and is aggressive with the others, You can see the fear on their faces when he comes near. I've talked to his mom and suggested she goes to see the health nurse or her doctor. There are other services set up specifically to help out but I don't know how parents can use them or even if I can talk to them directly. (Helen, 17/02/92)

Fiona made a more general statement:

> I wish we knew more about the community. We never see or talk to any other people who work with children. They don't know what we do, we don't know how they might be able to help us. Its almost as though we don't exist in the town and yet we see all sorts of children who have needs. (Fiona, 11/02/92)

Summary

The four caregivers speak of the personal satisfaction of working with children and of their relationships with other adults. While their dissatisfaction with many of the "external" aspects of child care are discouraging, the "internal" or personal satisfaction aspects of the work are encouraging. Caregivers, not always feeling valued, speak enthusiastically about their fulfillment in working with children and being a part of their developmental progress and success. Difficulties in the area of self are focussed on the context in which they work, expressions of guilt centre around not being able to do enough to meet the demands presented by all children in their care. Self-care, recognizing and reflecting on those things that help in understanding themselves and in

maintaining their own health, was recognized as an important factor. Their sense of becoming rather than being centres mostly on their sense of self-worth, respect and the support they receive both from members of society and from those more closely associated with child care.

Chapter 8

OTHER

Martin Buber is a recent philosopher concerned with caring and love in relationships. His essay, *I and Thou,* (1958) is regarded as one of the most important statements on relations with others of our time. He characterizes the evolution of relationships between people as a progression from *I - It,* in which an individual does not fully experience the existence of the other, to the *I - Thou* relation, which is filled with deeper and richer significance. Buber explains the *I - Thou* relation as:

> Relation is mutual. My *Thou* affects me, as I affect it. We are molded by our pupils and built up by our works. The "bad" man, lightly touched by the holy primary word, becomes one who reveals. How we are educated by children and animals! We live our lives inscrutably within the streaming mutual life of the universal. (1958, p. 15)

Buber believes that in an *I - Thou* relation, people are drawn to a new sort of existence, one filled with mystery and wonder. He attempts to show the possibility of individuals drawing close and sharing without the necessity of words or symbols - sharing in silence. His vision of *I - Thou* is largely intuitive and is inseparably linked to notions of caring. He places great value on feelings, insisting that they convey messages that people cannot receive in any other fashion. "Feelings are within," he says, "where life is lived and man (sic) recovers from institutions. Here the spectrum of the emotions dances before the interested glance" (1958, p. 43). This inner set of messages contains many of the revelations about ourselves and our relations to others that guide us in

making important choices. The basic message from Buber's work is that the individual with whom we interact or whom we care about, must be viewed and experienced directly, without the mediating and diluting influence of words or symbols that turn *Thou* into an *It.* In the overcrowded and potentially impersonal settings of child care *I - Thou* relations may be difficult to attain.

Child caregivers live within many equal and unequal relationships. While their primary focus and energy is directed to the children immediately in their care, they typically work alongside other adults who share the caregiving responsibilities, have frequent and overlapping relationships with parents, answer to one or more administrators or supervisors, and work in a public environment. It is not possible to create inclusive relationships with all of these and caregivers tend to view those around them in different ways.

Jennifer's account of her encounter with Karlee, her mother and grandmother, illustrate some of the complexity of relationship with others that arises in child care. It illustrates the need to relate in different ways; to remain sensitive and yet functional with those whose relationships overlap with those of the caregiver, such as a parent or grandparent. At the same time they need to maintain a focus on the well-being of the child. This leads, sometimes, to confusion in relationship with others as caregivers are drawn from one to another.

> Mom is a single parent and Karlee is a typical two year old, rambunctious and very demanding and all sorts of things like that. But she is a real treasure, there's no question. But the thing that is difficult in caring for Karlee is that she's a custody case. We are always on our toes, on who is coming and who isn't coming. The first time I remember I was having

> to prepare Karlee because her grandmother was coming to visit her. I was given very strict instructions not to leave Grandma alone with Karlee even for a minute. So the time arrived for me to tell Karlee that her grandmother was coming, who she didn't really know nor did she ever, well she vaguely knew her but I don't remember her responding overly one way or the other. But I told her that they would only be in the kitchen and I would stay with her. Then I had to go and meet the grandmother and tell her who I was and what the court orders were; that grandma had visitation rights on site and that I would be present during the visit. I'm not sure why I'm telling you this, other than it all seemed so confusing for the child -- and trying to care for her, and to try to take care of the grandmother. Yet I knew that grandmother had had legal court action taken against her because she had tried to take Karlee before. Trying to take care of her, because she looked like a typical grandmother, brought all sorts of different feelings in me. I felt no grandmother should kidnap her own grandchild, or lie and be sneaky. Well we worked through it and it became a sort of regular thing that grandma visited Karlee in the kitchen so long as I was there. At the end of the day I had to deal with Karlee's mother. Of course she had approved the arrangements but she still had to deal with Karlee talking about "that old woman" and that type of thing. The whole affair brought a real strange emotional sense for me as a caregiver trying to sort out all these other relationships. Her grandmother doesn't come any more, I wonder where she is now. Perhaps she still meets Karlee in someone else's kitchen. (Jennifer, 14/03/92)

The above story provides an example of complex relationships that exist in child care. Dealing with matters of intimacy and personal sensitivity, Jennifer, as a caregiver, is drawn into complex relationships. This position of moral on-looker calls for tact and sensitivity by the caregiver.

One important area of relationship is that which is developed or which evolves with co-workers. Generally caregivers regard their co-workers as

important allies, in whom they express confidence and pride. They also reflect an interdependence and as Helen noted

> We have a core of strong key players in this centre . . . everybody trying to help sort out everyone's problem. (Helen, 24/11/91)

At the same time, if the relationship with a co-worker does not work, caregivers quickly understand the consequences.

> Everyone's commitment to their job varies. I find I'm dependent on the person I work with. It gets very tense when you want to do things and your partner is either unable or unwilling to help. It's easy to start blaming each other or, worse yet, the children. (Fiona, 13/03/92)

Or recall Fiona's earlier view:

> It's kind of like a marriage, working with another person for seven or eight hours a day, except you are forced together, rather than selecting each other, and you don't have the same commitment to each other or to the children as you would in a marriage. You are lucky if you can make it work. It's the toughest part of the job. (Fiona, 11/10/91)

Personal qualities, especially humour, are valued in others. The four caregivers who participated in this study tended to take their jobs seriously and themselves lightly, so that humour may be self directed rather than at the expense of a child or parent.

> I really think one of the traits that gets me through is humour. Susan and Ellen and I get the giggles so hard sometimes that we don't make any sense anymore. (Helen, 14/03/92)

In relationships that are most distant or that are bounded by more formalized distance, caregivers describe the relationship on the basis of the congruence of the values they project:

> There was an owner (husband and wife team) who didn't see us very often except if we were told to cut back. For example Ellen and I were told we needed to start washing diaper liners. We couldn't believe it. We were in a state of horror but we did it; I'm not sure why. When I look back now it just blows my mind away to realize that even the soap we used with the children, the handsoap, came from motels; it was used. I remember thinking this was ridiculous but didn't have the courage or knowledge to do anything about it. Interesting though, and I think I lost my respect here, the owners bought a new house, complete with a swimming pool at that time. (Helen, 27/04/92)

> This was strictly a money operation in my opinion. Caregivers didn't matter, children didn't matter. Parents mattered; at least to keep them happy just until they got their money. We seemed to have no choice on various things, no input, and basically it was a very uncomfortable place for caregivers. (Angela, 15/03/92)

> There was a director who did the paper work and she was quite a nice lady and fairly caring but we didn't see her much. She basically was a pencil pusher. (Helen, 09/11/91).

With children, caregivers attempt to remain aware and responsive to their needs, probing, making decisions and offering assistance with their development. Being prepared for unanticipated events or behaviour is a large part of caring relationships.

> We went for a walk today. Oh boy! Was it hot? The children did well under the circumstances but they suffered fatigue by the time we got back and it made them a bit cranky. When we got back into the yard Anne

separated herself from the rest. I sat beside her and she started to whine in an atypical way for her. I invited her to sit on my knee and talk to me about what was bothering her. She agreed but while she did begin to talk I had trouble understanding her because she was moaning and whimpering more than talking. I finally figured out that she was missing her mom. I commented that she must be feeling sad about this and that it is hard to want to be with her mom but that her mom was at work. We talked about her mom, where she worked and that she had brought Anne to day care this morning and would be picking her up later. I suggested that she tell her mom how much she had missed her today. We went into the room together and she joined in with the others getting ready for lunch. She was really demanding during lunch, whimpering, wanting what other children had and getting out of her seat. At one point she started to stomp her feet and hit other children. I restrained her, telling her that it was unfair to the other children for her to behave that way and it was unacceptable to me. She struggled even more; hitting and kicking at me and anyone who was nearby. I carried her to her mat but couldn't talk to her anymore because she was so angry. I told her I would come back when she had settled down but, in fact, I had to stay there because she was still lunging at the others. So I sat there for a few minutes, holding her hands and trying to calm her. The situation was a bit out of hand though -- it wasn't fair to the other children, they couldn't get on with their day and they were providing her with quite an audience. She needed something but I couldn't really help her there. I stood up, pulled her to her feet and we left the room. She was a bit calmer but still crying in a really exaggerated way. I talked to her as calmly as I could and we found a quiet spot looking out of a window. In time she sat on my knee and I rubbed her back and she stopped crying. I asked what she was thinking about. She said she still missed her mom and that her mom never came to have lunch at the centre like some of the other moms did. We talked again about how it felt to miss mom and about the things she could ask and tell mom when she next saw her. As we talked she seemed to come to terms with her feelings and so I started to talk about her actions toward me and the other children. She didn't disagree or defend herself. Then I suggested we go back to the room but she didn't want to go. I offered to rub her back if she lay on her mat and she agreed. She went back okay,

> lay on her mat quite calmly and fell asleep. When I think about how I handled Anne, I think I did some things okay but I could have done some things better. My first reaction was to keep other children from being harmed but I probably should have dealt with her violence first. I should have gotten her alone to calm her down right from the start, she was in no state to make choices or rationalize her behaviour. Later in the afternoon, after my lunch break, I checked with her again. I said I knew she'd had a tough time earlier and asked how she was feeling. She said yes, gave me a big hug, and went off to play with friends. (Helen, 11/04/92)

Relationships with children often depend, however, on subtle interactions. Reading a child's mood when she or he first arrives in the morning, understanding how to respond; whether to console, hold or distract the child, and how to introduce new concepts and ideas, may be the critical difference in the success of the day. The glance, eye contact, physical proximity, and conversations that are established all contribute to and are key to how relationships exist in child care. Jennifer speaks of the enjoyment she gets from the children:

> Well, Gloria took me by the hand and started pulling me outside, "Come and see", she kept saying, she was really insistent. We got just outside to where there is a little patch of gravel right against the fence with some long grass and weeds growing in it. "See", she said, pointing, "Look at the salad in your garden". (Jennifer, 16/06/92).

And Angela, who watched two year old Ian attempt to imitate her in the room:

> I was putting some of the childrens' art work on the wall. With some I had stuck pieces of tape on the back and then just pressed them on the wall. It was amusing to watch Ian, later in the day, as he pressed his piece of paper on the wall and then looked bewildered when it just fell down. He

> tried it over and over again so eventually I went over and showed him how to put tape on. (Angela, 03/11/91)

In the morning, Helen welcomes each child, watching to see how much attention is needed, saying "Good morning" to child and parent. She explains an attempt she made to improve her responsiveness to children:

> We have this program where we ask parents to check off the mood of their child throughout the morning, getting to the day care -- cheerful, clinging, mischievious and so on. They do it right where they sign in the child so it's not much work. It helps us figure out how to respond to the child at the beginning. It's not fool-proof but over time, after talking with parents, I think it helps us to narrow down appropriate approaches. (Helen, 23/11/91)

Throughout the day the caregivers set out areas for play, sometimes in response to a child's question or in response to the caregiver's perception of a child's interest.

> We get together once a week to plan for some general directions for the week, like field trips, particular interests of the children that we want to follow up on, talk about behaviour and so on. But you have to be prepared for anything. Just last week, for instance, we were sitting down for snack when Hannah started to sing nursery rhymes. She put on quite a show, the others loved it. So we decided to follow up right away and put out a collection of nursery-rhyme books for the children to look at. (Fiona, 04/05/92).

Perhaps the most difficult relationships with others are those involving parents. Recognizing the importance of working closely with parents these caregivers make efforts to talk with them at the beginning and end of each day and to keep them informed about their child's experiences. At the same time,

however, they find themselves caught in making assessments of parents based on their observations and interactions.

> Oh Sean. Have you met his mother? She could eat nails for lunch. He brought that aggression with him. His mother has come with a broken nose on several occasions, and the language he has is just beyond !. . . His favourite pastimes are wrestle-mania, ninja turtles; anything to do with violence. He is, without question, a hard case and drives us all to the ends of the earth. There is one person here who can; she has a unique way, she can be firm but she can still say things that sound gentle. She always starts, "Now my darling . . . this is enough." it is neat to listen to. But he is so exasperating. We try everything, yet we all love that child. (Helen, 23/04/92)

> Sometimes you want to be less discrete in interacting with parents and say, "Look in the mirror. Look at your life. How can you expect him to be any different?" (Jennifer, 16/02/92)

By contrast these caregivers also speak with respect and affection of parents:

> Lorenzo and Matthew were holding hands going down the steps when they slipped. Although they both fell and cried it didn't seem like there was any damage. But about an hour later Lorenzo started to cry and hold his elbow. I called his mother and she came right away. She was really good about everything. She took him to the hospital to have it checked out, came back to let us know that he was okay and when I apologized and said she must feel awful to get such a phone call, she said, "These things happen. It was just a childhood accident. -- I expect you probably feel as bad about it as me." That's different, and nice, to hear a parent talk to you as someone with feelings and affection. (Fiona, 19/03/92)

Constancy

Caring is a developmental process and, as such, needs continuity or constancy of relationship. It is only over time that I understand the other, that a sense of trust can develop between us and that I am able to fully care for the other. If the other is always being replaced, or if I do not experience the other as constant, there is no chance that I can commit myself and know that the other is there for me to help.

> I guess these kind of jobs are very important (Relief staff), even though we call them "sludge jobs". For children the relief staff needs to be very constant and they need to feel safe. Who needs a stranger coming in and changing your diaper when you've never seen them before. (Helen, 15/11/91)

> I'm sure the day I quit I was replaced by somebody else who was breathing until they quit and couldn't take it anymore. (Fiona, 09/04/92)

Reciprocity

In caring I may think most often of caring in dyad relationships, as between friends, lovers, or husband and wife. In group settings, such as school classrooms, day care centres and hospitals, one adult may be in the role of the one-caring for many others. I may wonder then, the extent to which such caring is recognized by the one-cared-for and is responded to in some way that lets the one-caring know. How important to caregivers is the reciprocity of the children in their care? Fiona talks about this aspect of her relationship.

> A danger for me in child care is that I look at the masses, the number, of children. As soon as I can get past the masses - which sometimes I can't

> do because I need to try to meet the needs of the group not just one child you know what I mean? - individualizing children. And that's when I get caught up in the day to day-ness of it all. I tend to forget what I'm doing and then its the special moment or just even an individual moment that you have been with the children or with the parent that brings that emotion. Sometimes its an emotion, for me, that I wouldn't necessarily say is happy. Sometimes its a very deep compassion, sometimes its tinged with sadness because I can't do more than what I'm doing. Sometimes it's hurtful because I can't help as much as I should be helping. Sometimes it's mixed with such feelings of delight. It was so neat this morning; we have this little boy, he's a darling -- I don't know if you've seen him -- he'd be about, he's just turned three and every time I see him I want to hug him because he has the most delightful blue eyes, blond hair and he's just a precious child. But he doesn't have too much time for me, he's usually busy playing. Well this morning I sat down on the floor and asked him what he was doing. He told me he was just visiting and his mother and sister were downstairs and would soon come to get him. And I said, "Can I give you a hug before you go?" "Yeah. That'd be okay." he said, and he came and sat with me. And this child, nobody gets many hugs from him or he's just so busy, that it was one of those warm moments when you wish you wouldn't be interrupted again because we carried on a lengthy conversation about what he was doing and why he was there and that it was mom's day off. And he cuddled right into me and it was just a warm feeling and I don't spend a lot of time with him and I guess that's why it felt special. (Fiona, 24/05/92)

She speaks strongly of the difficulty of developing intimate caring relationships and of her delight when such an opportunity does arise and a child responds.

Similarly, Angela describes an incident in which a child responded in a personal way, providing a sense of recognition and reciprocity to her.

> I often enjoy - it sometimes makes me want to cry - is the toddlers as they're learning to talk. They see you day in day out and you never know

> and all of a sudden the mom will say "goodbye" and she'll turn to the child and say, "Say goodbye". The other day Robyn turned to me and she's just ready to talk and said, "Bye Angie". I don't know how to describe what that feels like, Malcolm, but just the fact that she knew me and was able to say my name -- that feeling and that joy that I get from that is tough to handle but definitely worthwhile. (Angela, 11/05/92).

Ability to care for the other

Caring for another depends on my ability to identify that the other may be the object of my caring -- that is, that the person is in need of care and will permit me to care about them and to express that by caring for them. It also depends on my ability and opportunity to care for the other, that is to meet his or her needs in a way that will enable personal growth or development. I cannot merely want to care for the other or to object to the care being offered to that person by others. I must be capable of caring, of giving and receiving from the other, of being the one-caring and the one cared-for within that relationship. Helen directs her thoughts to situations in which she feels less than competent, although not necessarily because of anything she has done or has left not done.

> Just about every day some one comes in needing advice. "What am I supposed to do when this happens?" "Why does he behave this way?" My reaction is, "I've only known your child for two months and you're asking me why he has the behaviour he's been exhibiting for four years?" (Helen, 17/09/91)

Jennifer alludes to a sense of unsureness about her ability to care adequately for all the children in her care, pointing to the setting and its constraints as the major reason.

> I don't think you can count on "natural " caring any more. Who defines what natural is any more -- or even caring for that matter? So many of the children that come through here are in such poor family situations that they are better off in "unnatural" group care settings. I work on the premise that I am doing my best for the children in my care -- given some pretty enormous constraints -- time, money, materials and so on -- and I assume parents are doing the best they can at any given time too. (Jennifer, 121/04/92)

Helen's frustration with her position is illustrated in her comment about her seeming powerlessness in the face of parent action that she considers inappropriate.

> You see a parent doing something you don't like -- shouting at the child, making threats, sometimes even giving a child a smack -- and you don't know whether to say something. But it's not your child even though you've been working with the child for months. You feel like saying, "Hey! You're undoing all the things we've worked on all day." (Helen, 11/12/91)

On another occasion she expresses a similar observation, again expressing concern about a situation over which she has no control.

> When I look at a child like Mark it makes me sad. But most of the time day care is rewarding as far as its purpose. In his case I'm pretty sure I'm making a difference -- for the good. Life can be hell outside the day care but I know the time he's with me is the best it can be. The sad part is the home situation and I can't do much about that. (Helen, 23/03/92)

In contrast Jennifer acknowledges that some parents appreciate her efforts and they recognize something of her value. However, even in this comment it is only basic or "custodial" values, of safety and nutrition, that are specified.

> I've had parents say they would rather their children were here all day, from 7.30 until 5.30, I know they're safe and I know they're eating well and I know they're happy. (Jennifer, 19/03/92)

Particular difficulty is articulated regarding children who bring different special needs.

> Jason I find to be a very difficult child even to watch because the other children I have cared for did not have as many visual deformities as Jason has. I'm not really comfortable even in working in the same room as Jason, nor do I have much to do with him. Yesterday I was working in the room and his aid had left -- she was sick -- and my job was to look after Jason. The struggle I had just to pick him up. He isn't really heavy, he's long and cumbersome, which I found difficult. I felt sick to my stomach when I tried to change him. Later I was supposed to feed him -- it wasn't a pleasant experience -- and I don't have much experience of feeding a child like Jason. I had to feed him some chocolate cake and I was just ill thinking about how I was going to get this down him. He took some and he took some down and then he threw it up and he threw it up all over his bib. But it wasn't the type, the normal type of regurgitation. It was different and I thought I was going to lose it as well. For a brief moment the feelings I had for that child, well I'm ashamed to say, were very, well almost -- I can't handle this. It is just too gross. Then I looked at him and those funny little eyes as he bobbed his head back and forth, and I thought, "My God. What sort of life are you having? Here's me, as healthy as can be and I'm having trouble dealing with you. Get your act together Helen." And so I carried on. I learned something from that time for me. (Helen, 19/04/92)

> I think the most difficult experience I had was with a baby. Mom was single and worked as a nurse at the hospital. She was nine months when she came to me and had a tube that had been surgically implanted in her stomach and she was fed through a syringe into the tube. I tried very hard to be prepared for what I was going to see but for the life of me I wasn't prepared. I remember as she looked so very normal until you took

her clothes off and then there was this tube implanted and I remember feeling "There's no way I can help this child, no way I can take care of her. This is too strange." One day she was sleeping in the crib and I was there rocking another child and I looked over at her and she looked so peaceful and I realized then that her life was going to be so hard. I remember feeling guilty because of how I sometimes felt about her - about something that was too uncomfortable for me. Then you see past the physical deformity and I realized that to care for such a child you have to dig harder and deeper. In her case I had to do as much for mom as I did for the child. (Jennifer, 17/02/92)

Understanding and being with the other

To care for another involves me in a quest to know the other as myself. If I have commitment and devotion to the well-being of the other I am drawn to want to know and understand her or him so that I can better provide for personal growth. Caregivers speak of having empathy for the child, of playing with and having conversations with the child, and of attempting to "get inside the skin of the child" so that they can better understand his or her world. So that the knowledge of developmental theories for two-year olds, while useful, must be put into the context of Susan who, among her many other personal characteristics, is two years of age.

This little girl had been sexually abused by her father. I think I'll share the story because it was easy to care for the child and almost become too sympathetic and not even be emotionally capable of -- I mean -- you pretty well wanted to let her do whatever she wanted because she had such a tough go. Her mother was normally the one that would drop her off and who you would deal with. However, when I had this child for two or three weeks I was informed that the dad would then be picking her up and spending time with her. I can't describe the feeling I had -- in fact, I can still shut my eyes and see him. I could pick him out of any crowd. He

would come downstairs. He seemed like a fairly normal, kind person. I guess I don't know if he was kind but he looked normal. I was told to prepare myself to deal with him on a very professional basis and I hated him. It was all I could do for not letting her go with him and I just wanted to scream at him and hit him. Every emotion, especially when I looked at the beautiful little two year old girl that I was supposed to turn over to him. It was the hardest thing I did. He came in with his eyes, basically, face down. He didn't talk hardly to her and she was quite excited to see him. Actually, it, um, fits the pattern, doesn't it? And I told him who I was and he just grabbed her and away they went. I remember going home that night and my stomach was just turning with the thought of what might be happening for her and what she was going through. Was it happening again? Would she be okay? And the next day I arrived and she was there and of course I don't know what happened. But then it became a regular basis -- the pattern was that mom would drop her off in the morning and he would have time with his daughter in the evening. I never knew how much time. I was left basically in the dark over that stuff -- maybe that's okay. And it got to where, when the dad would come in, he would talk to me and his face would lift upward. It took a lot. It took as much for him as it did for me because he knew that I knew and I knew that he knew. And I still had to turn over that darling little girl. I would have gone to the wall for her. I could have adopted her, anything, I would have done it for her. But it kept going. I don't know how it ended up. That was how I dealt with those moments. (Helen, 19/ 04/92)

Chapter 9

TOWARD A CHILD'S PERSPECTIVE

While caregivers' experience of caring for other people's children is important as a way of further understanding this social phenomenon, caregivers do not live isolated from children in these environments. Their experiences are sometimes shared, sometimes inter-related, and often affect the lives of others. Studying the lives and experiences of caregivers is attempted, in large part, because of how it may provide information about the quality of the lives not only of these caregivers but also of the children threy care for. Understanding the experiences of children in care is difficult. They do not easily articulate or perhaps understand what is happening for them. The following is an attempt through personal observation, stories from children, and from adult accounts of their memories of non-parental child care, to speculate on how life in child care may be experienced.

During a recent visit to a day care centre I was witness to a group of four and five year old children engaged in snack-time. The episode lasted about thirty minutes and went something like this:

> The children (9 boys and 8 girls) got up from the corner in which they had been sitting and listening to a story read by a caregiver. They made their way to the bathroom, washed their hands and returned to the room to sit on a bench seat placed around one of the three rectangular tables. When they were all seated a caregiver announced that snack was delayed and they should play a game. A second caregiver introduced

them to a game that involved all but four of the children sitting with their eyes closed and their thumbs raised. The four children (the "Runners") ran around the room touching as many thumbs as they could before the caregiver said,"Stop." The other children then opened their eyes and attempted to guess which of the four runners had touched them. The game was played once. The room then settled down to a buzz of conversations and the adults sat. Although the children squirmed in their seats and shuffled their feet and hands, their impatience was not obvious. (The only interruption occurred when one boy squeezed the arm of another, who promptly screamed and kicked his assailant. The offenders were led to a bathroom by a caregiver and re-appeared several minutes later). A few minutes following this incident the snack arrived, consisting of segments of orange, cookies and juice. One child was selected to help with snack. She placed a paper napkin in front of each child and then came to distribute the food. At this point she was told that only children who were 'ready' should be served. Without further instruction she took the plate of orange segments and placed one piece in front of each child she deemed to be ready. 'Ready' appeared to be determined by such attributes as silence, hands off the table, looking straight ahead, and with a straight sitting posture. Some children, I thought, might never eat at the centre again! After several more minutes, and when a caregiver considered that eating could commence, she announced the rules within which the food items should be consumed: "Make sure you eat your orange first. If you don't eat your orange you cannot have a cookie. Leave some juice 'till last . . . you'll need it to wash down the cookie." The children ate their snacks, some religiously following the rules, others hoping their transgressions would pass unnoticed, and others assuming an amoral stance -- not having paid heed to the rules in the first place. (Observation, 17/11/91)

It is not my intent, in this section of the study, to attempt an analysis of the story but rather to use it as an illustration of children's experience of child day care. It may be possible to consider the story in terms of the appropriateness of the actions and interactions of the adults; through a comparison of how snack at

the centre is the same and how different from snack at home; or through an attempt to reflect on the experiences of particular individuals. The story of the experiences of these children may be seen to raise questions of how being cared-for by a non-parent adult in an out-of-home setting is the same and how different from being cared-for by a parent at home. What is the child's experience of supplemental care? How is a child a child in such settings? And how does a child experience being objectified -- a member of the 'ready' or 'not ready' group? Who sees the child and how does the child experience being seen by a caregiver? To what extent does a child experience being cared-for or cared-about during this time? Does a child experience the presence of one-caring or simply behave as one cared-for because of the possibility of care from the other? Snack-time in the centre may have a rational, or reasoned, purpose in which it may be intended to teach about foods, etiquette, cooperation, or sitting and waiting. A parent at home may have similar intents or may simply provide a snack based on knowledge that the child enjoys that food or that the parent remembers that a particular food was a snack favorite of his or her own.

Children in Canada, both before entering school and after they have enrolled in the primary grades, are cared-for by many different people. The nature of these caring relations varies depending on factors such as the ages and abilities of the child and the time and space shared by the one-caring and the one cared-for. As in all relationships, the person caring for the child will also impact on the child's experience. Father caring for the child may provide a different experience from mother, grandmother different from aunt, and older sister different from older brother. But kin caring for kin may be fundamentally different from non-kin care. Grandmother, siblings and aunt may all share something of the parent's 'craziness' about his or her child. And what of the

difference for the child when the caregiver is mother and when father? Mother, for whom the child has been a part since time of conception, and for whom acceptance of the child may not be a question. Father, however present and supportive for the mother, met the child only after birth and chose then to accept and care for her or him. Whatever their differences, they may gear their time of caring to meet the rhythms of the child's life; they may delight in the growth, action, and development of the child; and share with the child moments of fear, illness, or uncertainty. They may provide an all-inclusive watchfulness, blanketing the child in familiarity, comfortableness and security. But what of the motivation of the non-kin carer? Will she or he be 'crazy' about the child? Will she or he delight in the miracle of the child's first step or first word? How deeply will he or she be concerned when the child is afraid or unsure? In what ways does the child matter to her or him? What is the importance of these differences to the child?. Does the child experience or sense these differences? Are they differences which benefit some children? After all many children do not receive parental care from biological mothers or fathers. Are the differences to be viewed as positive or negative, better-than or worse-than others? While some advocate the importance of parental care and attachment in the early years (Bowlby, 1951; White, 1988; Ainsworth, Blehar, Waters & Wall, 1978), others suggest that children may benefit. or at least are not harmed by the experiences of multiple caregivers (Scarr, 1984). What are the differences for the child that really make a difference?

When a child is old enough to be independent in thought and action, she or he may reflect on various experiences and can articulate about the impact they made have had, or may in the future have, on their lives. At 13 or 14 years of age children may view their parents critically and may tell themselves, or their

friends, that their parent's way is or is not the way they will parent their children. The children we are interested in here, spend time in the care of others because they are not yet independent. If they can differentiate preferences about their child-care arrangements they are unable to articulate them. That the children are unable to reflect on and tell about their experiences points to a dilemma in the question of a child's experience of being cared-for by adults other than their parents. How can we know or gain insight into a child's lived experience in non-parental care?

A child's world of play at home

Averil enjoys being at home with her mother. When David and Janet kiss mother goodbye and close the door, space, time and her mother are hers. Some mornings she is too impatient to wait. She pulls her toy trolley, loaded with blocks, old pans, dolls and clothes to a quiet place and begins to play - ignoring their presence. Their clamouring to complete last minute preparations for school are merely a non-intrusive background to her play. Some mornings she plays quietly in her world, she enjoys building or dressing and undressing her dolls. Other mornings she becomes so absorbed in her play, so comfortable with the warmth, sounds and closeness of the house - the prickly softness of the carpet, the solid softness of the sofa, the presence of the brown cupboard doors that protect the dishes - that she becomes the doll, her grandmother, her imaginary friend Peach. Then the play moves from silent and secret. "There, there Peach. Don't cry," she says, patting the doll's back. "Mommy will get you warm milk and then we'll go to visit Grandma." She puts the doll on her shoulder. The voice, the intonation, the actions belong to her mother. She carries Peach carefully, placing her on a cushion at one end of the sofa. She runs across the room and up the stairs, returning seconds later with a toy telephone. Her play continues, more elaborate with a telephone conversation with Grandma, Grandma's subsequent arrival, the fussing of Peach, the need to buy

> more baby food at the store. Lost in this real world of make-believe, Averil does not notice David and Janet leave for school, her mother's occasional glance from the kitchen doorway, the sound of dishes being washed and chairs being scraped, or the silence that occurrs as her mother listens in. The play loops from her world to her mothers as she, almost absent mindedly and caught with the image of Grandma, skip-steps toward the kitchen door. "Is Grandma coming today?" She asks. "Mmm, sorry love", Mother replies, recognizing that Averil is talking to her and no longer to herself or an imaginary friend, but still not really hearing. Mother stops, smiles, wipes her hands on a towel, and crouches to Averil. Again, "Mmm"? She questions. She wraps her arms around Averil and kisses her on the cheek. "Let's see . . . well maybe we could give her a call and invite her for lunch. But you know you haven't had breakfast yet and we'll have to get dressed before she comes or she'll think we sleep all day." Averil runs back to the sofa, picks Peach hurriedly from the cushion. She returns to the kitchen, climbs, knees first, onto a chair at the kitchen table. The cereal, milk, and toast are there, as usual, waiting for her. She sits Peach with her back to the cereal box so they can continue to view each other. (Malcolm, 14/02/91)

How important to Averil is the presence of her mother and her whole family? Although she approaches her mother as her play travels through the transition from story to real life, I am left to wonder how possible this story-play would be for Averil if her mother's presence was not available or if the space was one not filled with the presence, albeit an absent-presence, of her family, and her memories of others. Such felt-knowledge may allow her to create her own story-world and to "skip and jump" between the real world of the present to the imaginary world of her stories. The familiarity of the physical space, the certainty of the responsive presence of her mother, and the freedom to live in her own time all contribute to her play. She becomes absorbed in her world, creating, producing, and acting her own stories woven with characters and situations that are variously planned and changed at will. It is not difficult to

imagine, after breakfast, or at some time later, Averil returning to her play and continuing to explore and develop the same characters in similar situations.

In her story-play Averil involves her whole body without consciousness of self. She moves, carries, talks and gestures for each and all the characters in her play world. She steps with ease from grandmother to friend and from grandmother's home to doctor's office. A watchful adult (her mother) recognizes the play as she completes other tasks. Averil and her mother are mutually receptive to the actions of the other, and at an appropriate time mother includes herself in Averil's world -- a total conveyance of herself to the other. Maybe she smiles as she sees herself reflected in the voice and actions of her daughter, and she knows the child's world of make-believe. She is drawn, fleetingly, to remember her play in childhood and to see herself in Averil's place. This element of "inclusiveness" (Buber, 1970) allows the mother to see with two pairs of eyes -- hers and Averil's; almost as though she is inside her skin. She understands the importance of leaving Averil to her world and of waiting for her turn to respond when invited into Averil's story. What does Averil know of this? How does it affect her play and the openness with which she enacts the imaginary world, and the ease with which she moves between two worlds?

In the future Averil may transfer engrossment in her story-play to characters and situations as written in other people's stories. She may become lost to the real and present world, transferred temporarily to other times and places. Then she may confine her absorption to mental images and involve her body only involuntarily through tears and smiles, mouthing of words or subtle body posturing.

A child's world of play not at home

> Candice and Barry are among the first children to arrive at the centre. They usually look for each other and find a place to play that is apart from the interruptions of other children arriving and completing their various parent separations. Today they are in the loft. Plastic doll houses and various figures representing animals and people are sitting on the table. Candice opens the door and walks a giraffe into the house. Barry is standing behind her, viewing himself in a long mirror that is attached to the wall. Candice glances, turns and jostles Barry aside. With hands on her hips she bends her body toward the mirror. "Fat tummy," she says. "Lets see," replies Barry, ducking underneath her protruding tummy to look into the mirror. He stands up, blocking her view of herself, and squeezes his fingers onto the sides of the mirror and pulls it forward. "Now I look fatter." Candice has turned back to the giraffe and the house. The giraffe takes large hops across the roof of the house. "Galumph! Galumph!" She says in rhythm with the movements. A caregiver's face appears at the entrance to the loft. "Snack's ready," she says. Before her face has disappeared another adult voice is heard to say, "Hurry up and eat snack, we're going outside to play in a few minutes." Candice abandons her giraffe and starts down the stairs. Barry continues to pull faces at himself in the mirror and pulls up his shirt allowing him to see his stomach. He gyrates his body sideways, intently watching the image of himself. (Observation, 23/02/92)

In what ways are the play experiences of Barry and Candice like those of Averil? How "at home" are they with the space and materials? And to what extent do they experience belonging to the space or the space belonging to them? How conscious are they of the presence of watchful others, or do they provide such watchfulness for each other? In their unequal meeting with the adults in their environment do they behave as ones cared-for, ever hopeful or trusting in the possibility of receiving care from the adult? Do they have a sense that a watchful adult takes pride in their play, and is ever receptive to an

invitation to participate? In their play they may be conscious that the time is not theirs. It may, at any moment, receive interruption from a well-meaning, but institutionalized adult. Because play is distracted and not absorbing, they may flit from interest to interest, believing that investment of self or time may not be valued or worthwhile.

A child as guest

The child in care is in the space and time of another. At first, because the space is new to the child (although it is the child who is normally described as "new"), courtesies are extended, allowances made, and extra attention given, to help him or her settle-in. The child's experience in care may be like that of a guest entering the space of the host, treated with a distant courtesy and politeness, often reserved for guests and not for intimate family members or even close friends. Adults and children who are "at home" may offer the new child toys, show him or her where to sit, explaining what might be done next, and making sure that rules are understood. The child, although uncomfortable with the new regime, may appreciate the extra efforts of others. Over time the roles of host and guest may change. The extra attention paid to the novice child may be lost as he or she is seen to become "one of us" or "like one of the family." Jealousies may arise as the host children begin to resent sharing their space, time, toys and mother (or other caregiver) with the new child. Even as familiarity over time leads to group inclusion it does not automatically carry an inference that the child has become a member or that he or she now experiences the time and space as his or her own. While expectations of the child may include more familial relationships, often in the form of less particular attention, the child continues to be a guest who only enters certain places and plays with toys at the invitation of another. The caregiver as host may still

decide the schedule of activity and the types of activities in which the guest may be included. In his descriptions of children evacuated from London during the second world war, Ben Wicks (1990) includes the following first-hand account of children finding themselves as guests:

> We felt like cattle at an auction when one of the remaining ladies, who looked rather forbidding, was spoken to by an official, and later declared, "All right, I'll take these two." (P. 62)

And of the difficulties experienced by others as they lived with their new caregivers: "Her stories and her behaviour so frightened me I insisted on coming back home" (P. 115). Another child spoke of the aloneness of being a visitor:

> He said, "You mustn't cry. You must be brave." And of course that stayed with me, so I just didn't allow myself to cry. You wanted to throw your arms around someone's neck and tell them how you felt but you couldn't because you weren't to be weak. (P. 92)

And another of the distress of living in another person's space; "You know, when you are a child, you have your personal secrets" (P.127).

A child in another's time

At home with her mother, Averil can live in her time, whether that time is real or imaginary. She pays only scant attention to those institutional elements of time, as her brother and sister head to school. Institutional time has not yet pervaded her world. Of course there will be times that her mother's schedule will conflict with her own -- perhaps to attend a doctor's appointment; to eat

supper with the family; or to go to bed. But her mother is aware of and sensitive to her world and makes decisions around it. She perceives the world through her and Averil's eyes. How would time be different for Averil if she was being cared for by someone other than her mother and if such caring occurred outside her home? It is not difficult to imagine that Averil may have to follow a regime that included her waking up at 7.00 am, leaving the house for the day care centre by 7.30 am and not returning home with her family until after 5.00 pm. Like Candice and Barry she may experience time dissected into functional chunks, predictable by their repetition, but not belonging to the child. She may experience tiredness at 11.00 am or hunger at 9.30 am but cannot rest until nap-time or eat until snack-time. Her time may be as controlled by the wishes of many others in her environment as by her own desires.

A child's story time at home

> Ruth snuggles closely to her father and in moving peels the skin of her arm away from his. In twisting her legs she almost jars her baby brother, Justin, from his sleep. She is wearing her favourite red and white nightgown and Justin is in his blue furry sleep suit; the one that makes him irresistible to hug and pick up as though he is a living teddy-bear. Father has kicked off his shoes and folded his body onto the bed so that she and Justin, still warm and tingling after their baths, can nestle into him. Justin falls asleep during the first story, though it isn't a real story -- just pictures of animals in a book. They had pointed, named, made sounds, given people-names to, and talked about, each animal. Ruth knows the weight of Justin as he lays across her legs, the steady rhythm of her father's voice, and she feels his breath on her neck and cheek each time he exhales. Her hand is rested on his arm and her fingers are half buried in a mat of fine dark hair. Sleep is taking over and through misty half-closed eyes she glimpses at the fierce but amiable picture of Max dancing with the Sendak monsters. (Malcolm, 12/02/91)

What is story-time for Ruth, Justin and their father? Perhaps story is a way to unwind, to forget or reconstruct the busy-ness of the day. To permit the mind to focus and unclutter itself or to lose itself and its complexities in the other-ness of stories in another world -- a world of make-believe. Or perhaps the story is a vehicle, an excuse, for time shared intimately; to confirm the mutual inclusiveness of parent to child and brother to sister. How lost in the story is the child and how caught in the sensual warmth of bodies entwined, relaxed, enjoying the full experience of time and space shared? How possible is such intimacy without the distracting focus of the story? The story permits or even promotes drift from real, alert and present states, to un-present worlds of make-believe in story and in dream. At this time father and children are receptive one to the other, trusting, and enjoying the full company of each other.

A child's story not at home

> The children are sitting "still as mice" as Miss Jones requested. Ruth likes her. She is pretty and kind, and she does all sorts of fun things. She wears bright clothes, often with a ribbon or pin in her hair and always smells of perfume. The children are sitting on the circle rug in the places that Miss Jones had told them when Ruth started in the programme. Story-time occurs every day immediately after play-time and before nap-time. Ruth sits between Mary and Kenneth. Kenneth is a fidget, as are Tom and Les. All the children sit apart and do not touch. Sometimes Kenneth will move his foot just enough to touch against Ruth, and then she does not know what to do. She could shuffle away, closer to Mary, tell Kenneth to stop or tell Miss Jones. Each involves risk for her; risk of attention and risk of annoying Miss Jones. Miss Jones sits on a wooden rocking chair, places the closed book on her lap and looks around at the children. "Mary, just edge toward Edward a little; Nicholas, you come and sit by me today. Um! Okay, the story (Oh Kenneth, do

stop making faces at Lesley) -- the story today is called, "Alexander and the Terrible, Horrible, No Good, Very Bad Day".

"I went to sleep with gum in my mouth . . . " Miss Jones stops reading, bends the cover of the book and, using her arm as a pivot, slowly moves the page one picture of Alexander standing by his bed in an arc from left to right. Ruth, with most other children, moves her head to follow the picture. Miss Jones puts her finger in the next page turns it and continues to read. The story is funny. The children laugh aloud and clap. At times the laughter and clapping become the thing. Ruth catches Ann's eye and they smile in unison. At such times the children rearrange their bodies, stretch their legs and sometimes touch.

How is it that story-time for Ruth at school is the same and how different from that called story-time at home? What is the purpose of the story in each situation? At home the story has such personal intent. It is not irrelevant, but not the point either. What is the purpose of the story at school? To entertain? To teach language? To learn to sit and listen? As a vehicle for group control? How different is the experience for Ruth at school? At home the children or the parent may have chosen a story for no other reason than it was enjoyable. Often the story may not reach its conclusion, the children or the parent may fall asleep in its telling. In Miss Jones' class the reason for story-time is rational. It has intent and purpose beyond enjoyment. It belongs to Miss Jones and her intents may matter more than those of any child.

A child fitting with others

Recalling her childhood days, Margaret describes the times she spent living with her grandparents, many miles away from her parents, brothers and sisters. The physical differences were the most apparent. From the rough and tough life on a northern farm, where running through spring mud in bare feet or climbing over wire fences in winter wearing boots and

mittens were common experiences; to the indoor life of the city and the clean, pressed dresses and patent leather shoes needed to go out. Her tension, she recalls, had more to do with the rhythms and routines of being in her grandparent's world, than with these physical differences. Often uncertain or anxious to please her grandparents, she became watchful of their ways, trying to read them so that she could fit their expectations and please them. Even at such a young age she understood that she was with her grandparents, not because she was born or belonged there unconditionally; rather she was there, at least in part, because her grandparent's liked her. What would happen to her if she was not likeable? They doted on her, showering her with love, showing her off to friends, ever anxious to do what pleased her or what she enjoyed. But still she could not crawl, uninvited, onto a lap, snuggle into bed with them as she might with her parents, play with grandpa's hats or grandma's dresses, or even change channels on the television.

The following story was told by Alice, a Cree Indian Elder, as she recalled her earliest memories of life in a residential school:

I stood as I had been taught, shoulders back, head up, dress neatly smoothed to my knees. It was hard to keep my eyes straight ahead. Cautiously I let them slide, ever so carefully, to catch a peek. At the slightest sense of detection, I was ready to return to my straight forward stare. It was difficult to keep my chin pointing forward and to push my eyes to the far right to see what was happening.

At the corner of my eye a wisp of recently shorn hair got caught in my lashes. I blinked and had to blink again to keep from crying. Tears were certain to be detected. Carefully I urged my hand to slide up my side. Eyes slightly facing right I waited for the opportune moment. Catching the rhythm of other movements I waited. Now! Here was my chance. With lightening speed my hand silently shot up. Gone was the annoying strand, pushed back to uniformity with the others. Gratefully my hand returned undetected to its expected place. Yet I felt a momentary pang. Memories of an old woman silently braiding my once long tresses, touching me gently in the soft light of early morning, raced through my

mind. "No time for that now," I thought, "I must do it right this time." I forced the scene from my mind a little too late. Lonely tears mingled with the irritation of the wisp. Fighting for control, summoning all that I had been taught in my other days, I stared straight ahead and willed myself to control those physical signs of pain.

"I need to know. I need to see how." Slowly my eyes moved right again. Down the uniformed line my glance travelled. There was the black figure. Something was being said. My ears strained but heard only mumbled foreignness as the exchange took place. I longed to lean forward. "Just wait," I cautioned myself as my mother would have done. "Just wait." Finally the nun stood in front of the girl next to me, holding out an orange. "Say 'Thank-you'," said the nun. The girl hesitated.

"Thank-you!" I thought. "So that's it. Those are the words. My this is strange." My mind returned again to all that I had been taught and to the prayers of my grandmother. "The nun wanted to be thanked for the orange. But didn't the orange come from the Creator? Wasn't an orange like all other foods?" I remembered the last feast I had attended. "At the feast we keep our minds pure, we say that we are thankful; grateful to the Creator for what he has given us. How can I say 'thank-you' to this person? It is not her orange to give, it is from the Creator." Thoughts of the feast had made my hungry. The nun was in front of me, holding out the ripe, round fruit. "Say 'Thank-you'."

It had been days since I had come here. Days of watching others with sweet juice dripping down their faces. "They know," I thought, "They know something my mother and grandmother did not know." I stared into space. Then, lowering my eyes with respect and to hide my confusion, quietly murmured, "Thank-you." And, as I had also been taught, to the Creator I silently said, "I apologize. I am grateful."

What is the child's experience of being in the space and time of another? Margaret and Ruth both express the difficulty experienced by the child in understanding and adjusting to the expectations and values of others. Margaret

speaks of tension as she tried to understand the "rhythms and routines" of her grandparents lives and Alice provides a direct example of that tension as she tries to understand her new world. Both are concerned with being accepted, Alice by not crying that she perceived would draw negative attention and Margaret by worrying about being liked by her grandparents. Outward growth from the family into the community is natural and healthy and leads, inevitably, to conflicts and challenges. Who understands this dissonance for the child and allows for the gradual understanding of the new environment?

This chapter has been concerned with describing and examining conditions and relationships in child care situations. Even as examples are given and stories told, the experience of the child has possibility of becoming ever more complex. We are left to wonder how the young child experiences relationships with adults other than her or his parents, especially when not at home.

Bollnow (1989) points out that trust and security are the prerequisites for "all healthy human development" (p.12). This trust, he reminds us, with reference to the writings of Pestalozzi (1927) and Nitschke (1962), normally begins within the relationship between the child and "a certain other beloved person, in the first instance usually the mother" (P. 12). It is only with this secure base that a child may expand her or his circle and venture into the larger world, always conscious of the support of parents. But many children spend their time being cared-for by adults other than their parents and in places other than their homes. Do these children know the trust of their parents, even in their absence, and in other places? Do they have to experience this with natural parents or do other caregivers provide a sufficient level of security? The security provided by

other adults may share many features of parent love. The child may experience safety, have his or her physical needs met, and receive comfort and attention. As children learn to trust the adults in their world and to understand that each adult may mean different things to them, so they react and expect in particular ways. Averil at home knows the presence of her mother and takes forgranted the responsiveness and immediate receptivity that she provides. Other children, especially those in care with another adult, may have to compete for time and response. They may behave as ones cared-for -- seeking comfort, physical proximity and attention -- that may be denied, not recognized, or put on hold because the caregiver perceives other needs to be more pressing; or because the caregiver is not able to be as inclusively involved with them as might a parent.

Of course we might consider that Averil's mother is so in tune with her daughter and so eager to be responsive, that she might be "living for" Averil. Risking the promotion of dependence rather than positive or appropriate independence. In which case her caring maybe false, intended more to satisfy her needs rather than to promote the well-being and growth of the one cared-for. It is more likely, however, that Averil's mother is caught with the total belongingness of their relationship. That her love and care for Averil are based, not on rational, pre-planned decisions but on an un-rational responsiveness in which she conveys the whole of herself to the child. Her responses are to give pleasure and to confirm their closeness, thereby ensuring the trusting foundation of their relationship.

By comparison we may believe that the child in the care of another, especially when not in his or her home, is more likely to be objectified -- a

member of a ready or not ready group; fitting with the values, time, space and lived patterns of another. It may be that the child will be responsible for reading and understanding the situation, and to make the necessary adjustments. The child may even perceive that care is dependent on the adult liking her or him. Over time authentic caring of the adult may allow the child to develop trust and to respond as one truly cared-for.

Summary

The difficulty of understanding a child's experience of being cared-for by someone other than a parent or other family member is hard to determine. Usually children are too young either to understand or to articulate stories of their experience. Through observation of children in care settings, conversations with older children who could recall something of their child care experiences, and conversations with adults reflecting on their childhood child care experiences, this chapter ventured to suggest some possibilities.

Chapter 10

CONCLUSION

This final chapter contains a review of stories and observations as constructed by Angela, Fiona, Helen, Jennifer and myself. Possible considerations or implications for the child care field indicated by these accounts of their experiences follow. Finally, the meaning of this study for the researcher is presented through refections on the topic and the research process. Because this was a study of the experience of caring for other people's children, the literature on child care on life stories and on the meaning of care was considered for its ability to direct the inquiry, illuminate and set into context the data. The review revealed several possible ways to approach the study and suggested existential themes which could provide an analytical framework. The works of many others including Suransky (1982), Clandinin (1985, 1986), and Van Manen (1990, 1991) were selected as appropriate to the nature of this study and to the orientation of the qualitative research methodologies used to gather and interpret the data. No studies of caregiver's accounts of their experiences have been written (although similar studies exist in teaching and nursing). I felt that it was essential to begin the task of describing these experiences if a more complete understanding of the field was to be attained. The voices of caregivers needed to be heard and their accounts of their experiences added to the information already known before recommendations for change may be made.

Discussion

Recommendations for possible change, action, or new directions for child care require an understanding of its current practices both explicit and implicit. Much of this understanding may be sought in the experiences of those involved in providing and being care for in such systems. The four major themes and the various sub-themes in this study were used as ways to structure the experiences of the four participant caregivers.

Lived time

The four caregivers' stories pointed to apparent difficulties related to their lived experience of time as carers, particularly because of its temporariness or instability. The four caregivers spoke of the tension between their knowledge that children need to form attachments and to develop trust in their adult carers and the reality that their time together is temporary, unfixed and in the control of others. Attachment, however, does not affect only the child. The adult carer is also open and vulnerable in such relationships, and with the uncertainty of time together caregivers reflected their need to protect themselves and to maintain a distance from the child if only to protect themselves.

Several factors may negatively affect the caregiver's time with each child. Stories contained in this study tell of children being withdrawn at a moment's notice without opportunity for preparation of farewells. Other stories relate administrative decisions to move children or caregivers without prior consultation. The caregivers also spoke of the high turnover rate in child care, characterized by caregivers moving from job to job within the field or leaving

altogether. The reasons for this phenomena have been explored elsewhere and appear to be related to poor pay, benefits, working conditions, perceived social status and lack of opportunity for personal or professional advancement (Read & LaGrange, 1990). Such changes in relationship may be associated with the timing, duration and magnitude of the change and to how others prepare for and communicate about such change. A second area of focus in the caregivers' stories pointed to their attempts to balance planned and unplanned time. While institutional time provided general boundaries to each day, caregivers described their experiences of tension between time that was planned and time that was used spontaneously. Perhaps the most pertinent comment regarding their aspect of the experience of time was made by Fiona, "I think being prepared for anything is more important than having plans" (Fiona, 09/02/92). The notion of being prepared for whatever happens may be a more inclusive way of thinking about spending time with children. Such a concept includes planning for particular events or experiences and also for bringing understanding of self and the children so that their impromptu actions do not surprise. Moving from adult to child time, (from busy to unbusy time), became another topic in the caregiver's lived experience of time. The ability and willingness of the caregiver to move from adult perspectives that included past and future to the child's world of the present was particularly important in play settings. This concept also involved the speed at which caregivers completed tasks. It appeared important that the caregivers modify the pace of their work to fit with the need of the situation. So that Fiona has to measure carefully the speed at which she helps children dress to go outdoors, and Helen has to move from child to adult pace to maintain the children's play. A dominant reality of the experience of the four caregivers was in the everyday repetitiveness of many tasks. Whether in basic service tasks such as feeding and toileting or in

providing for children through particular developmental stages. As Jennifer described the experience, "our jobs are never done.....there is no end point". Such repetition while providing a sense of stability to caregivers may, at the same time, subject the caregivers and children to "production-line" ways of living together leading to reflections such as that of Fiona "A danger for me is that I look at the masses, the number of children"; or her earlier comment, "When you change diapers all day it is easy to set up a production line. You can forget which bottom goes with which child". While time with children is temporary, usually for a few hours each day, the rhythms typical in many caring relationships may be less available in child care. Children arrive and depart at different times so that it is difficult for caregivers to focus on one child at the time of leaving or returning. Throughout the day demands from children are incessant and time, even for a bathroom break, is difficult to find. The caregivers valued their relationship with colleagues and co-workers but expressed difficulty with the opportunities they had to spend time together, to discuss the children or to relax.

Lived space

The four participant caregivers' stories of their experience of lived space are arranged into five sub-themes. The first of these gave examples of the tension the caregivers experienced in enacting their caring (acts normally associated with privacy) in such a public space. Helen and Jennifer both refer to their preference for making child care as home-like as possible, although such space does not exist for caregivers in centre care. Even in home settings, as in a family day care home or an in-home nanny, there may be pressure to make the space less like home and more like a school classroom, so that the

kitchen becomes an art-area and living room a construction area. A second sub-theme concerned the four caregivers experience of being in place through their acts of caring for others. Such experience comes through caring for another in an all-inclusive way or through becoming engrossed in the life of the other. The caregiver's experience of this is difficult, however, as it requires openness and vulnerability to the the other. While the caregivers recounted stories of their attempts to care in such inclusive ways, the numbers of children and their various idiosyncrasies, made this difficult. In addition, the caregivers became reluctant to become too vulnerable to the children because of the temporariness of their time together. Other lived-space sub-themes involved concepts of receptivity and attentiveness. The caregivers attempted to live with the children in a shared way, to follow the suggestions and interests of children and engage them in real conversation. Again, however, this experience of receiving the child is tested by the situation in which the child care takes place. The numbers of children and the uncertainty associated with the time of the relationship lead to times when the caregivers project themselves onto the children rather than receive the children. Similar tension exists in he experience of attentive space. The caregivers consistently demonstrated, and told stories that illustrated their attentiveness to the children in their care. They were interested in the children, became absorbed in their play and were present for them and responsive to them. Tension in this focussed on two primary problems. The first was that of encouraging dependence in the children, rather than independence or interdependence, and the second led to possible confusion in the relationship of caregiver to child compared with that of parent to child. Perhaps the most persuasive of the sub-themes that emerged within the experience of lived space was that of the experience of in-between. Many of the accounts of the four caregivers related their experience of being

caught between other relationships or authorities. Several stories provided illustrate the impact of such experience, the sense of powerlessness by the caregivers and their coping mechanisms. Caregivers did not always describe the in-between experience as one of ambiguity. Several instances were given that pointed to their understanding that being in-between can be a useful position from which to advocate for children and to bridge the understanding of various other authorities.

Understanding self

The four caregivers' stories reveal both their appreciation of their self-growth through their acts of caring and the tension they experience as obstacles prevent other aspects of their growth. Self value or self-worth appears to fall into two distinct sectors. In the first the caregivers exhibit a sense of self-value through their relationships with children from which they gain both a sense of accomplishment and competence. The four caregivers did not recall stories of major extraordinary accomplishments with children as the key to their sense of self-value, instead they talked of the everyday being with the child, helping and watching over healthy development. Second, the caregivers self-value is obstructed by their sense that they may not be valued by others in society. Their stories reflected tensions associated with not being valued by others in authority in child care, by parents or by other social institutions. While considering themselves capable of acting as autonomous agents, able to make decisions and act for the good of the children, their attempts are often thwarted by the actions of parents or others in authority who regard them as dependent agents. Even the legislated standards of care, particularly when they become prescriptive, are perceived as threatening to their autonomy and self-worth.

The four caregivers spoke of their sense of fulfillment in working with children. Being a caregiver was an extension of who they were as persons, and not merely a job or a role they played. Through their interactions and attempts to understanding and help the children in their care they experienced self growth as they practiced those attributes that enabled their development. In their efforts to know the children in their care and to respond appropriately they realized the importance of knowing, understanding and accepting themselves.

Other

Child care is characterized by a primary focus on caring. Perhaps more than in any other occupation adult child caregivers spend their time living alongside the children in their care, meeting needs ranging from basic necessities, such as sleep and food, to providing opportunities for personal growth and development. Planning educational experiences may be secondary to meeting emotional, social and physical needs.

Relationships fall into three primary groups; with children, with parents and with co-workers. The four caregivers speak of the importance of relationships with co-workers, on whom they depend, describing the relationship as being akin to a marriage. However, while the dependence and shared commitment with co-workers is important it may be a relationship bounded by their work environment. Friendship tends to exist at a personal/ professional level and not necessarily extend beyond the child care environment. They express the greatest difficulty in their relationship with parents. As authority figures in the lives of children they are usually less well

known than other people in the caregivers world and caregivers admit to making judgements based on small pieces of information. The important relationships for child caregivers are with the children. It is on the basis of these that caregivers judge their worth and ability and express concern when relationships with children are not as close as they could be. While reciprocation of care may not be essential it is valued by caregivers in their expressions of relationships with children.

Implications

This study is centered around the thoughts, recollections and interpretations of four practicing caregivers and myself. As such the findings may not be generalizable. Nevertheless the stories and reflections that have been presented represent experiences of caring for other people's children. They are generally useful to the extent that they add to an increased understanding of child care. The following personal deliberations are presented with the intent of providing a focus for further thought and possible action.

The wide scope of the practitioner's responsibility.

An overwhelming impression that came from the observations, conversations and stories of the four caregivers was that of their wide range of responsibilities. Living alongside children from three months to six years of age, whether at home or in a child care centre, presented the caregivers with the task of responding to and accepting responsibility for a variety of emotional, social, physical and intellectual needs and developmental tasks. The wide-

ranging nature of their responsibilities led to unclear role boundaries so that they experienced considerable tension around many facets of their work. The scope, responsibilities, and the ambiguities that surrounded them were exacerbated by their relationships with others. At any time parents, administrators or legislators may determine changes in responsibility or in the procedures to be followed. The scope of responsibility also makes it difficult to identify the knowledge, skills, and dispositions that caregivers need and that should be the focus of preparation and training programs. In addition to the ambiguity that existed in their responsibilities and relationships, the caregivers appeared uncertain about the purpose or mission of their work. Examples of this uncertainty are contained in the stories of concern that activities did not work as planned, that they were torn between the values and expectations of parents and administrators, and in their ambivalence about how to talk with parents and what to tell them.

From these stories it appears that there may be a need to clarify (and possibly narrow) both the responsibilities of caregivers and the purpose or goals of the particular child care service. None of the four practicing caregivers in this study were given written descriptions of their responsibilities and each reflected an attitude of doing whatever was needed, and as much as possible. Although such an eclectic and all-encompassing approach may be commendable, it may also lead to confusion and frustration. Several instances were given in which the caregivers were unclear about whether they should make decisions or act in particular ways -- often expressing nervousness about whether it would meet with the approval of either parents or directors. The child care centres (Helen & Fiona) and the family day home (Jennifer) produced brief written descriptions (parent handbooks). They contained information about the

service that included phrases such as "a learning through play approach", and a concern for the "appropriate development of the whole child". These phrases, however, may be easily used to describe any number of practices and approaches to child care. A clearer and more carefully described statement of the purpose, practices and practical orientations of the service may assist both parents and caregivers in forming reasonable expectations and in communication about the child.

Vulnerability of the child

A majority of the caregivers' stories and conversations focussed on the well-being of the children in their care. While many reflected their sense of fulfillment in their relationships with children, they also expressed concern that they were not always able to adequately meet the needs of all children. Typically they attributed this to their lack of knowledge or support, and to the extraordinary needs of some individuals. In some instances the physical space and shortage of time and the number of children in their care given as reasons.

Throughout the stories pointed to their understanding of the vulnerability of the young children in their care. Young children are physically, emotionally and socially dependent on their adult caregivers. They are susceptible to the potential hazards of the physical and interpersonal environments in which they live.

The tensions or sense of guilt described by the caregivers revolve around their understanding of the vulnerabilities of the young children and the difficulty of adequately meeting their needs. Although at times they expressed

some despondency given the impossibility of their position, at no time did the caregivers express or demonstrate a lack of motivation or desire to the best for each of the children.

In considering what may have assisted these caregivers in better meeting the needs of all children and in maintaining a sense of their own competencies as they fulfilled their responsibilities, their experiences suggest several changes . First, given the difficulty of young children to recognize, understand, and articulate their needs and emotions, caregivers need to be knowledgeable and competent: able to assist children with identifying their needs or to making sense of their world. While the four caregivers in this study were all knowledgeable and competent, their access to the addition knowledge they wanted was not easily available. In several instances they described themselves as having insufficient knowledge, or comment on lack of support, for their actions and decisions. Second, there is a need to ensure that the caregivers have opportunity to be prepared for the time they spend with children. In addition to their pre-service education this may include time away from children to think, prepare materials and experiences, and share with other adults. It also includes providing opportunities for caregivers to check the legitimacy of their actions, through discussion with others, looking at appropriate reading materials or visiting other child care services. Third, caregivers need to have access to support services that can assist in exceptional situations. Several stories gave accounts of the difficulties caregivers experienced in caring for children with disabilities or from abusive situations. While services may exist in the community, their relationship to child care services, and more specifically to individual caregivers, appeared to be unclear. An understanding of referral processes and of responsibilities in

providing assistance would add to the confidence and ability of caregivers and would assist the children and their families.

Practitioner -- parent and other authority relations.

The relationship of the four caregivers to their supervisors (and other authority figures) and to parents of the children in their care effects the lives of all concerned. Generally, the younger the child, the more directly and emotionally involved their parents are in their daily functionings. Such involvement is manifest in the stories of these caregivers by the frequent informal interactions that occur over a wide range of issues. Difficulties in these interactions appeared to be connected to several factors. These included insufficient time to talk privately with parents, uncertainty on behalf of the caregivers about what to say to parents about their child, difficulties in dealing with parents whose actions or values appear to be contrary to those of the caregiver, and misunderstandings about the boundaries of the relationships of the parent and caregiver.

While the caregivers recognized the vital importance of their interactions with parents their stories reflected that it was a part of the work that caused considerable stress. Greater clarity in communication may be achieved if mutual understanding is a clearly articulated priority in the mission of the child care service. Specific times, in addition to pick-up and drop-off times, may then be made available for caregivers to meet with parents, including visiting the family at home. It is only through increased sharing of ideas, concerns and values that parent and caregivers may achieve mutual understanding and trust. Formal, regulated child care, whether it is centre-based or home-based, is a

relatively new phenomenon and it is likely few parents understand what life is like for their child or for the caregiver. It would seem critical that efforts are made to include parents in the operation of the service as much as possible. Narrative accounts of caregivers may also contribute to increased understanding. Greater emphasis could be placed on facilitating parent-caregiver interactions as a part of pre-service curriculum.

Relationships with other authority figures also appeared as area of concern for the caregivers. Uncertainty about what to say or do in a particular situations was due, in part, to fear of the reaction of the director or administrator of the program. Caregivers were unsure about the extent to which they were independent agents, able to make decisions for the good of a child. They recounted stories of decisions made in isolation by administrators and that they considered contradictory to the well-being of the children and of themselves. Child care, perhaps more than many other professions, would benefit from a collaborative or team approach to work. Authoritarian styles of management or prescriptive statements of practice maybe antithetical to good practice. Situations in which caregivers, administrators, parents, and when appropriate, children, discuss problems, issues and solutions and share knowledge and skills may lead to a more complete sense of partnership and everyone working for the well-being of others. Such an emphasis may increase the caregiver's sense of autonomy and ownership of their work. It may also allow caregivers to see that their in-between position is one of strength and influence rather that one of powerlessness. Replacing rules of practice with an ethical or moral understanding of what it means to work for the good of the child may assist in recognizing that child care is fundamentally about relationship among and with people.

A sense of community

The four caregiver's experiences as related in their stories pointed to two concepts of community, both of which emerged because of perceived deficiency.

The first revolved around the notion of a sense of community among caregivers. It was apparent that while the caregivers valued their relationships with each other -- possibly as being more important than any other work-place relationships -- opportunity to fully enjoy and exploit such relationships were difficult. They were particularly difficult for Jennifer and Angela, as a family day home provider and nanny; both spoke of a sense of isolation. Even within centre-based care, however, Helen and Fiona reflected on independent decision-making, their difficulties in discussing, sharing and helping co-workers and a sense of isolation. This sense of aloneness was even more pronounced in the broader context of childcare. With the exception of Jennifer, who met with other providers within the agency each month, none of the other caregivers had any mechanism through which to contact, meet or know about others involved in similar work. It is difficult therefore, for individuals to know whether their work and actions are legitimate within the field or even to maintain a sense of belonging to a professional body.

An example of the difficulty of creating this sense of community maybe seen around the organization and attendance at conferences. The Alberta Association for Young Children (AAYC), the largest and best known provincial association representing child caregivers in Alberta, organizes an annual two or

three day conference each fall. For caregivers to attend the 1994 conference in Red Deer, however, they need to be able to pay an entry fee of up to $140.00 and to be able to travel and purchase food and accommodation for two or three days, possibly a total cost of $250.00 to $300.00. Given that none of the four caregivers in this study had access to professional development funds, and that their incomes ranged from $6.50 to $9.25 per hour, finding $300.00 to attend a conference represented a major sacrifice. In addition, the agency or director is implicated because of a need to replace the caregiver while she attends the conference. While attendance at the conference has potential to be beneficial; the conference program indicates that it is characterized as a largely passive experience for participants. The majority of presenters are researchers or practitioners who work or research in child-related fields, but not specifically in child care. So that caregivers attending the conference can expect to be given information by psychologists, therapists and school-teachers about their caregiving practice, and will have almost no opportunity to share with, or listen to, the practices of child-care as told as told by caregivers.

Such a lack of identity and opportunity for collegial sharing may have many consequences. As pointed out, it leaves caregivers in a position of isolation, unable to legitimize their actions through the advice and support of others, it also prevents the accumulation of knowledge and understanding based on shared experiences and stories and; it may lead to passivity in caregivers as others, often outside the field, continue to advise and prescribe practice.

There may be several ways to address this sense of belonging to a community of caregivers. Within centres it maybe that greater emphasis on

collaborative planning and decision-making may develop a sense of interdependence and collective ownership. As in Helen's experience, caregivers may be released from direct child care responsiblities for a period of time to work on related projects. Preparation time, including staff-meetings, as a part of the work day, would create more opportunity for sharing and the development of a sense of community within a centre. For family day home providers, and possible also for nanny's or other informal caregivers, the creation of "pods" based on geographic location may help. These pods of four or five home-based caregivers who live within a particular community or sub-division may be able to spend time together planning and preparing, sharing ideas and solving problems. They may act as relief or emergency staff for each other and organize collective events and activities with children.

The creation of an identity or sense of community among caregivers across environments (centre or home-based) may also be helped in several ways. First caregivers may benefit from opportunities to share their experiences and to work toward a collective understanding of child care. This may be encouraged by the publication of journals or newsletters in which the primary contributors are practitioners; by facilitating seminars or conference meetings with an expressed goal of sharing, collaborating, and interpreting practice, and, third, the creation of meeting spaces, akin to teachers centres, may provide opportunity for caregivers across enviornments to work together. Second, changes in the system and adminstration of child care services may assist. These could include ensuring that professional development opportunities are made available for practitioners, as well as for managers and administrators (possibly professional development funds should be as important as paying the rent or mortgage). Professional organizations exist at both provincial and

national levels. They tend, however, to operate under the auspice of non-practitioners: university, college and administrative personnel are over-represented and practitioners are under-represented. Greater involvement by practitioners in the operation of these associations, or the creation of an association specifically aimed at the total inclusion of practitioners may be helpful in creating a sense of community and ownership within the field.

Spaces for child care

The physical environment within which adults care for other peoples' children was raised as an important consideration of the four practitioners; two of whom worked in centre based situations, one in her home and the fourth in the home of the child for whom she cared. Angela and Jennifer, working in home enviroments, spoke of the advantages of that -- mentioning the privacy, their autonomy, the atmosphere and the more natural patterns of living together. At the same time they described disadvantages in terms of their isolation from other adults, lack of opportunity for time alone or relief, difficulties in gaining access to materials and ideas, and limited access to activities outside the home. By comparison, Fiona and Helen, from centre enviorments, spoke enthusiastically of their work colleagues, the sharing that did occur and the novelty and interest of their work. The negative aspects they described in terms of the institutional rules, with which they were obliged to comply, the notion of being in a "goldfish bowl", the numbers of children and the difficulties with lack of space. As with the in-home caregivers they expressed concern with the lack of time away from the responsibilities of child care. From the stories of these caregivers and my observations there are several implications for changes that may be considered.

For those providing care at home the opportunities for change may be the most straightforward. The organization of home based caregivers into regional "pods" (as mentioned earlier) would do much to alleviate the isolation and create opportunity to gain suppport for actions and decisions. In this scheme, caregivers could be put in touch with four or five others living in the same neighbourhood. They could be encouraged to share resources, to prepare activities together and to participate in some events together. For instance, they may organize a trip to a local park or recreation area together, or two caregivers may take a group of older children to visit a local library, while other caregivers stay at home with younger children. Such a scheme has potential application to both regulated and unregulated caregivers. It has potential to alleviate problems as described by Jennifer and Angela and to assist caregivers, children and parents in other ways. For caregivers it provides opportunity for support, companionship, and temporary relief; contact with others who may assist in confirming the legitimacy of actions with children, and access to ideas and materials. It also provides opportunity for home based caregivers to gain strength in society through acting collectively rather than as individuals. For children and parents there may be more security in knowing more than one caregiver. Such relationships allow for possible emergency back-up services, in which the child is already familiar with the relief caregiver and children, and for some informal monitoring of the child's care by other caregivers.

An alternative scheme could involve home-based caregivers in forming associations with existing centre-based child care or with other resource centres. In this way they could share resources and planning and they could

participate in some events with children from the centre. In addition parents could move children from home-based to centre-care or vice versa with less trauma for the child.

Environmental changes to centre-based child care may be more complex or more difficult to attain because of cost. A primary difficulty surrounds the numbers of children grouped together within any one room of space. Given the vulnerability of such young children it would seem that organization of centres into small, family-like groups with one or two caregivers would improve the quality of life for adults and children. This would allow for caregivers to form closer attachments with children and parents and would reduce the number of relationships that any child would be expected to maintain. Along with this reduction in numbers, rooms need to reflect their purpose of providing spaces for children and adult caregivers to live together for several hours each day. They should include adult-sized furniture, places for adults and children to have privacy from each other and aesthetically pleasing furniture and decorations. Recognition that his space belongs to the caregivers and children maybe extended so that, with the exception of parents, access to the space is restricted. In this way both children and caregivers may be secure in their privacy and less concerned that they are in the "goldfish bowl".

Reflections on the research

The research topic

The topic of this research -- "Caring for other people's children" -- resulted from evolving inclinations, reflections and questions in my professional

and personal lives. As a parent and teacher of young children, as well as a teacher of those preparing to work with young children, I have spent time considering the relationships and impacts of non-parent caregivers on the children in their care and of the children on their caregivers. For much of my career, however, I have followed a conservative approach to caregiver preparation. Using standard information in the field, much of it borrowed from teaching, sociology and psychology, I continued to prescribe "good practice" to students. However, as I observed student's struggling with this information, at times rejecting it, especially after graduation, questions began to from in my mind. At first I began with questions of what did caregivers do? What tasks did they complete? But these questions led me to a skill-based or competency based approach to child care, which I believed was more inclined toward relationship. While the knowledge and skill aspects of caregiving were very important, the dispositions or attitudes that caregivers bring seemed to be of equal importance. Over time I became more concerned with the experiences of the caregivers and their perceptions of their work.

The topic for this research is specific -- four particular stories of caregiving as interpreted by the four story-tellers and the observer myself. The methodology was open and allowed for evolving questions and issues and potential considerations or deliberations. Choosing to examine the influence of and influences on caregivers allowed me to focus on the specific topic -- the caregiver's stories -- while continuing to reflect on more theoretical implications of their experiences. I expected complex patterns to develop as I began to identify areas to explore in the caregiver's stories.

If there were problems with the topic, they resulted from my uncertainty. I had examined aspects of the lives of caregivers in other research studies but always within a quantitative methodology. While I wanted to examine caring for children from a more constructivist approach, I did not fully appreciate the change that was involved; in particular the uncertainty of not having a concrete question with a definite or absolute answer. In fact I created far more questions than answers. I operated on the basis of trust that the stories and experiences of the four caregivers would provide further understanding or insight to my work and possibly to that of others. My topic was validated, however, by the comments and responses of the four caregiver participants and the responses of other caregivers with whom I spoke about the topic. The dilemma that arose was that of making the topic manageable. It was essential, albeit difficult, to decide what to include in the report. It was important that it featured the perspectives and interpretations that the participants and I arrived at through our various conversations, shared stories, and observations. I know that my presentation of their experiences largely reflects how I heard and understood them. This presentation would have been different if written by any one of the participants and if written by me at some other point in time.

The research process

The research topic led naturally to an epistemology that is monist and subjective, one in which the researcher is, and acknowledges to be, an influential part of a process that identifies and points to meanings. The methodology allowed for an "inductive analysis, a description of the study of people's perception" (Bogdan & Biklin, 1982, p.xii). The research approach also allowed me to "study human interaction . . . as it occurred in the natural

setting" (Blumer, 1980, p. 417). This constructivist approach led to the sharing of stories with the four caregiver participants, time spent as a participant observer, conversations, and informal interviews and discussions, and an analysis of documents. As the process continued I became increasingly aware of the complex interactions among all of these elements. At times the data that I collected seemed unfocussed, and too diffuse to contain within the study.

The amount of data seemed overwhelming. All of it was important but it was difficult to see how it might fit together and make a contribution to my understanding of the meaning of caring for other people's children. As the analysis progressed and I made and remade decisions about how to sort the information, I found that constantly checking back with the four participant caregivers and discussing what I thought I understood with others in the field, helped to form my constructions. The process was far from linear. My understanding of stories and observations increased with time, reflection and discussion, so that I was able to return to the original construction with new awareness and fresh eyes.

Writing the report also increased my understanding. Writing provided opportunity for reconsideration. Even as I struggled for words to convey the meanings I reconsidered the constructions of my understanding. Writing involved continual decision-making and I struggled with what to include and what to omit. I became aware of the need to provide sufficient narrative and detail to adequately and richly portray the caregivers' experiences. As I determined the existential themes and sub-themes, to provide the framework for analysis, the data sometimes took on a different meaning. It was then that I had

to return frequently to the data in its original context and to the participants to clarify meanings.

I also became increasingly cognizant of the impact that my role as a constructor of meaning and the writer of the report had on my study. It was important to present the interpretations of the participant's subjective experiences in a way that honored their realities. At the same time I acknowledge that it is an interpretation of their experience as I heard it, saw it and told it.

Narrative methods in research have been used frequently particularly in education and nursing but few such approaches have been applied to child care. Although I began this as a narrative study, influences from phenomenology caused me to become interested in how the stories and experiences of the four caregivers helped to point to the meaning of caring for other people's children.

Meaning to the researcher

Throughout the writing of this report I have become aware of how much is yet to be understood about what it means to care for other people's children, about the implications of such understanding for preparing caregivers and for improving the quality of their lives and the lives of the children in their care. Many of the issues and concerns that have been raised in this study reflect the concerns that are very real for practicing caregivers and for those who are student caregivers. As a result of this study I think I have come closer to understanding the experiences that caregivers have in caring for other people's

children. My sensitivity to these experiences has been heightened and I hope that this study will have a similar impact on the reader. I anticipate being able to continue to seek for answers, solutions and increased understanding so that I can further help increase the quality of the lives of caregivers and the young children in their care. At very least I will continue to generate questions.

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